

An abstract painting with thick brushstrokes in warm tones of orange, yellow, and red, transitioning into cooler tones of green and blue at the bottom. A large, white, serif number '1' is positioned on the right side of the page, partially overlapping the text.

Supporting Persons with Disabilities 1

A Career and Technology Studies
CCS 3060 Resource



EDMONTON PUBLIC SCHOOLS

"I've learned that people
will forget what you
said, people will forget
what you did, but people
will never forget how
you made them feel."

— Maya Angelou

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Supporting Persons with Disabilities 1

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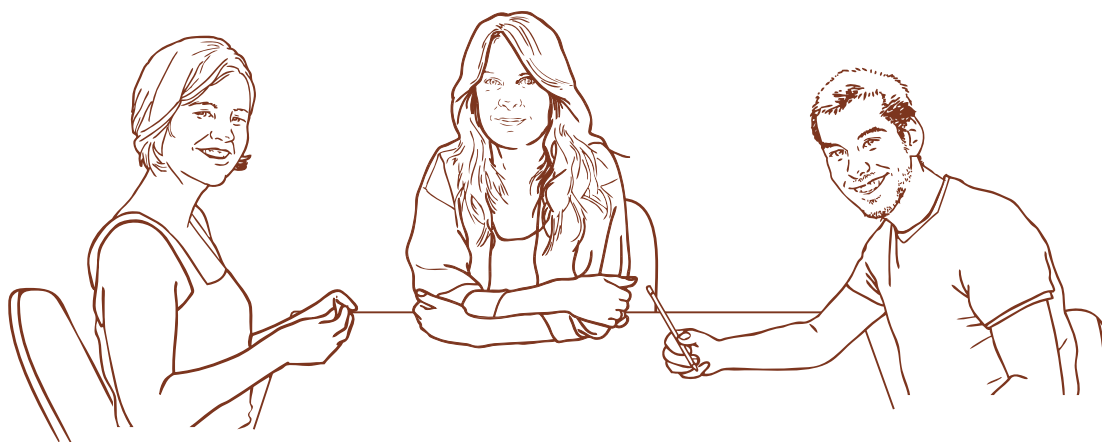
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1

WELCOME

“Placing one foot in front of the other, I’ve climbed to higher lengths. Reaching beyond my own limitations, to show my inner strength. No obstacle too hard, for this warrior to overcome. I’m just a man on a mission, to prove my disability hasn’t won.”

— Robert M. Hensel

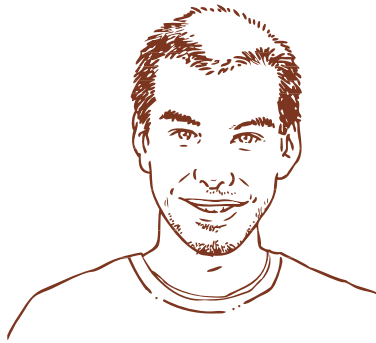


MEET YOUR HOSTS—Tyler, Jen and Marie

Welcome to our world! You’ve decided to learn more about working with people with disabilities—or should I say people with special “abilities.” Well, Jen, Marie and I are here to help start you on your journey—and a great journey it is I might add! We want to share with you some of the things we’ve learned in our lives and work, and help you gain an understanding of the lives we lead and the work we do.

First, we’ll introduce ourselves to you and share a bit of our individual stories. Then, we’ll let you know what you can expect to learn during this course and tell you how we’ve set it up for you. Next, you’ll have a chance to ask yourself some questions and perhaps even use some of the self-assessment tools provided, to see what may be of most interest to you.

Since everyone’s experience is different we hope that this handbook will provide a bit of insight into the world from our perspective as well as help you gain knowledge through practice, through considering different experiences and through personal reflection. Throughout the course we hope to provide you with an idea of some of the successes and challenges we encounter, as people who are working with children, youth and adults with disabilities.



My motto is something my mom and dad used to always tell me: “I can do anything that I want to do. It may take a little longer and I may have to do it differently—but I can accomplish it.”

MEET TYLER

My name is Tyler and I’m now 28 years old. When I was born I was diagnosed with cerebral palsy. I’ve been lucky to have the parents and family that I have because I’ve always been told there is nothing that I can’t achieve—and I believe that. From a young age I loved to play games and work on the computer and I’ve always done my school assignments and projects using the computer. I’m also fairly active even though I’ve had several surgeries to help my flexibility throughout the years. Wait until you hear my sled hockey stories later on!

Growing up I always wanted to be a meteorologist and drove my parents crazy for awhile, begging them to take me to my favourite TV weather station when I was little. I thought I would explode when they told me we were going to go for a visit. Everything was so exciting and only reconfirmed my interest in the weather and everything involved in that work. So, here I am, now working in the field that I love. I also work part time at a local community home for high school age youth and really like helping them learn to live independently.

1. WELCOME

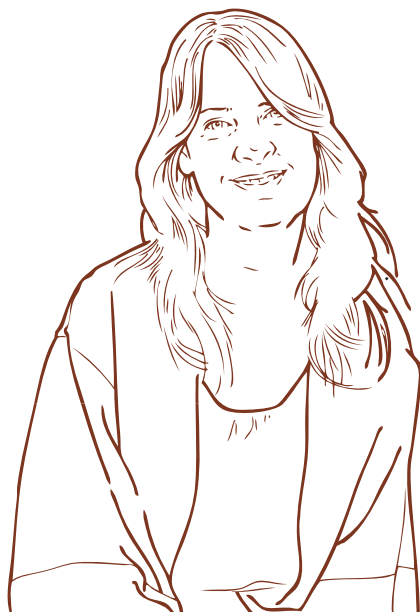


My motto is: “You may not always have a choice about what happens in your life, but you always have a choice about how to deal with it.”

MEET JEN

Hi, my name is Jen. I’m excited to be working with you on this course. My story is kind of complicated but I’ll try to keep it simple. I lived in foster care most of my life. At first it was hard because I was little. I really missed my mom and sister, and I didn’t understand what was happening. The social worker was really nice, though, and helped me to understand that my mom needed help and so I was going to live with a new family for awhile. I ended up moving around for a little while but then I found a nice family that wanted to keep me for a long time. Even though I could see my mom sometimes, she wasn’t able to bring me home.

Then one day my new family gave me the best present ever. They brought my little sister to live with us. We’re both really happy here. And even though I’m 20 years old and could live on my own, my foster parents say they love me and want me to live with them until I’m completely ready to live on my own. I’m happy because I’m going to school to become an interpreter for the deaf and it would be hard to live on my own and still go to school. I met Tyler while I was doing a practicum at the community home where he works. When he asked me to help him with this project I said, “Yes!”



My motto is: “Never underestimate the power of small acts of kindness and compassion. We might not always see the results, but we can choose to believe that we made a difference for someone by our actions.”

MEET MARIE

Hello. My name is Marie. I’m 37 years old, married and a mother of two and I’ve had the privilege of working with people with disabilities for over 15 years. I say “privilege” because it is. I’ve been a community support worker for most of my working life and I can’t think of a better career.

I met Tyler and Jen at the community home where they were working when I was helping a young man who is deaf to find supports in the community so that he can live independently. When Tyler asked me to help him with this course I was really excited. We need more people to come into this field and I see this as a chance to share some of my knowledge with you. One thing I can say for sure—working in a human services field is never boring, it’s always exciting and new. And it’s an amazing opportunity to help others and give back to the community.

1. WELCOME

What you will learn and do

We hope to give you an overview of what it means to work with persons with disabilities. You will learn about:

- some of the history of disabilities
- language around disabilities
- common disabilities
- the roles and responsibilities of support persons
- careers in which you might be interested
- what inclusion means and what it looks like in schools and communities.

We'll always give you questions to help you reflect on what you're learning and on what your own beliefs are about disabilities. For those of you who like to do and experience things, we've put together some ideas to help spur your creativity in areas you might want to learn more about. To deepen your understanding of disabilities, it would be beneficial to have a mentor who can help you get some direct experience in working with children, youth or adults with disabilities.

This is only the beginning. There is so much to learn and experience and there are many opportunities out there. We hope this course will help you understand a bit about that world and give you a chance to see whether you might like working in this area. If nothing else, we hope you gain an understanding and appreciation of our world and of the many rewarding moments it has to offer.

Have fun and we'll see you on the journey!

Tyler, Jen and Marie

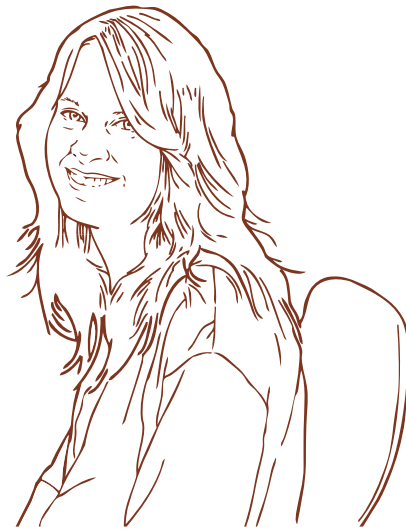
GETTING TO KNOW YOURSELF

“Knowing yourself is the beginning of all wisdom.”

— Aristotle

Hello, Marie here. I'm delighted to be introducing this section to you. I believe in dreams and in creating a life for yourself that honours your dreams and what you want to do with your life. That may change over time, in fact, it probably will and that's okay. Getting to know yourself is an ongoing process and an exciting one at that.

This section will help you think about your dreams and their importance in your life, and to reflect on ways to make them happen. It will also help you find out a bit more about tools that can help you think more about what you want. This is your time to explore yourself—and have fun doing it!



Go ahead and dream!

Believing in your dreams is believing in yourself. Acting on your dreams is creating a future for yourself. Imagining the visions and images you have of yourself and your future as you'd like it to be are the first steps in helping you build the life that you want. Your dreams are vital to the process of discovering who you are and what you want. If you talk to people who've created change in their lives, they'll tell you that having a dream and believing in it has been important to their success.

Do you have a dream? You may not think so. You may think you used to have one, back when you were eight or 12 years old. We're willing to bet that you still have one—possibly a different one, but one that's no less important to you now than your old dream was when you were eight. Back when you were eight, did you want to be a figure skater, a movie star or a meteorologist like Tyler? Maybe you had an artistic flair. Maybe you loved animals. Or maybe you always wanted to do something to help people.

2. GETTING TO KNOW YOURSELF

The goals that are right for us grow out of our dreams. When we have an image or an idea of what we want—what we really want—then we can begin to set goals that embody (give body to) our dreams. As we discover our dreams, we find it becomes easier to set goals that will work for us.

If you pay attention to what you like and what's important to you, your dreams or visions will emerge. For some, it's a sudden thing—once they allow themselves to dream, their dreams hit them like lightning. For many others, their dreams or visions reveal themselves more slowly. Discovering your dream may take time and patience. Allow yourself to dream your dream—you'll find a way to move toward it.

If you're like me, your dreams may change over time allowing you to experience many different and wonderful careers and experiences. Dreaming helps you know yourself and what you believe in. Many tools exist that can help you to focus on what you want to do. Taking this course is one way to experience something new and to learn about the world of support for persons with disabilities. Let's look at some ways to find out more about yourself.

Explore self-assessment tools

To find a career that fits you, you need to know about yourself. Self-assessment—identifying what's important to you—is another step toward making effective career decisions. Your career foundation is based on:

- who you are
- what you do best
- the places (environments) and people that give you energy
- the things that motivate you.

Finding out who you are and what you want to do is an ever-changing process. It is likely that what you want to do may look very different a few years or even months from now. Guess what? That's okay. Exploring different career options is an exciting process that you will probably find yourself repeating at different stages in your life. Much depends on your circumstances, your interests, your opportunities and even your health and well-being.

Self-assessments can help you find out where your interests lie, how you like to work and even what types of personality traits you may have. Many different self-assessment tools and interest inventories are available. The Alberta government's Alberta Learning Information Service (ALIS) website (<http://alis.alberta.ca/ce/cp/cpt/planning-tools.html>) has several free self-assessment tools to help you get started. Take a look at the various tools then go ahead and try a few. Have fun exploring.

Know your beliefs

Another important step in knowing yourself is examining what you value and believe in. Just as your interests, skills and attitudes will change over the years as you grow and gain experience, your beliefs may change because of people you meet, the work you do, the movies you see and books you read, discussions with others and your own personal desire for growth.

When working with individuals with disabilities ask yourself what you believe to be true. Your beliefs will guide your actions and all the work you do. If you believe that persons with disabilities are limited in what they can do in their lives then you will approach them from that perspective. But if, like Tyler's parents, you believe that a positive attitude and the willingness to try allows anyone—including persons with disabilities—to accomplish what they set out to do, then your approach will incorporate those beliefs.

Reflect

Throughout the course, take some time to examine your beliefs about working with persons with disabilities. Are your beliefs changing as you work your way through the course and have a chance to read, reflect and experience different aspects of the world of persons with disabilities? Have Tyler, Jen or I helped change how you think about people who have been labelled disabled? If so, in what way, and how do you think that will influence your work and interactions with persons with disabilities? What do you want to know more about? What questions do you have?

2. GETTING TO KNOW YOURSELF

Experience

You might want to try some of these activities to help make this course even more meaningful to you.

- Start a journal of your thoughts or experiences during the course. Write, draw, collect quotes or articles—anything that reflects you, your beliefs and what you are thinking and feeling.
- Take some self-assessments and see what results you come up with. Consider:
 - ◇ completing at least one assessment that reveals your interests and personality type
 - ◇ completing a variety of assessment tools—including values and skill assessments—to gain a complete picture of your strengths
 - ◇ reflecting on what fits, and recording your findings at every step
 - ◇ summarizing your results
 - ◇ sharing your findings with others, asking questions and listening for feedback.
- Interview people who are working with persons with disabilities and ask them how they knew this work was right for them.
- Interview persons with disabilities and ask them what they dream about and what they believe about what they can do.

“Knowing yourself is not so much about introspection and interaction. To know yourself is to realize that you are more than the little self that has been given to you by your history—the pattern that others made—that your true self is, in truth, much larger and includes other people, other cultures, other species even. That life is less about being and more about interbeing. We come to know ourselves, then, through coming to know each other. And the deeper that knowledge, the richer and more creative the world we build together”

— Danny Martin

HISTORY AND LANGUAGE

“I choose not to place “DIS” in my ability.”

— Robert M. Hensel

In this chapter I want to talk about language and help you understand that the words you use when working with people with disabilities can help shape what they think of themselves and what the public thinks of people with disabilities. I also want to give you a brief overview of the history of disabilities in Canada, along with the definitions of some pretty key words in our world. Here we go—enjoy the journey.



A history of disabilities in Canada

A disability rights movement began in the 1970s that resembled the United States civil rights movement of the 1950s and 1960s. Large numbers of young people with disabilities joined together to advocate for their rightful place in society. In Canada, this eventually resulted in the inclusion of “physical and mental disability” in the [Charter of Rights and Freedoms](#), and subsequently in provincial human rights legislation. Discrimination has not disappeared, but people with disabilities now have legal recourse.

Along with legal protection from discrimination, people with disabilities have advocated for a different view of disability—one that recognizes they are unique in many ways, but not separate from the rest of the population. They have argued that their differences can be accommodated by altering the environment, rather than trying to change the individual.

The result has been an emphasis on removing physical barriers to public buildings, parks and recreation facilities, transportation services (both public and commercial), and educational facilities. Some of the changes have been accomplished through legislation (building codes, education acts, employment equity acts) and others through persuasion.

3. HISTORY AND LANGUAGE

The road to change has been uneven and some groups have benefitted more than others. Mental illness is still poorly understood by the general public and, as a result, acceptance of people with mental illness into mainstream society is very limited. However, genuine changes are coming from the efforts of people with disabilities themselves.

March 11, 2011, marked the first anniversary of Canada's ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD). The CRPD is the first international human rights instrument of the 21st century. It reaffirms that persons with disabilities throughout the world should enjoy the protection of all human rights and fundamental freedoms. The government of Canada and the Canadian disability community both played leading roles in the creation of the CRPD. As a result, the CRPD has a Canadian feel to its content and underlying values.

(Adapted from The Canadian Encyclopedia,
www.thecanadianencyclopedia.com/articles/disability)

The importance of language

Words are powerful and important tools in shaping ideas, perceptions and attitudes. Using hopeful and respectful language when referring to persons with disabilities shows a sensitivity to and awareness of the feelings and comfort level of individuals with disabilities and/or their families.

Negative public attitudes are one of the barriers for individuals with disabilities. Thoughtful word choices when sharing information about disabilities can be instrumental in overcoming negative attitudes and in shaping positive ones. It can be as simple as saying "child with a disability" rather than saying "disabled child." This shows sensitivity by putting the person first, instead of the disability. After all, we are people—not our disabilities—first.

It's also important to acknowledge that those of us with disabilities experience a wide range of strengths, needs and life circumstances. Avoid using language that encourages stereotypes such as "... all people with cerebral palsy ..." or "blind people are ..." When talking about someone with disabilities, choose words that are nonjudgmental, not emotional, and that provide accurate descriptions. Don't use words and images designed to evoke pity or guilt such as afflicted with, stricken with, suffers from, handicapped or damaged. Rather than descriptors such as disease, burden, victim, tragedy of or impairment, use words such as condition, trait or difficulty with.

As much as possible, use everyday terms rather than medical terminology. For example, rather than using patient, use words such as individual, child, adult or student. Encourage people to focus on what the person can do. For example, negatively phrased terms such as decrease, will not or refrain from can be replaced with more positive terms such as increase, demonstrate or respond with.

Using positive and helpful language demonstrates a commitment to:

- shaping positive attitudes
- demonstrating respect for the person
- acknowledging the diversity of individuals with disabilities
- being nonjudgmental
- using everyday language

History of the terms disabled and handicapped

As I mentioned above, words are powerful and can help to shape people's thoughts, ideas and actions. Let's take a look at where some of these words came from and how they came to mean what they do today.

Disability

The World Health Organization (WHO) states that the term disabilities is an umbrella term, covering impairments, activity limitations and participation restrictions.

- An *impairment* is a problem in body function or structure.
- An *activity limitation* is a difficulty encountered by an individual in executing a task or action.
- A *participation restriction* is a problem experienced by an individual when they engage in involvement in life situations.

Therefore, WHO says that disability is a complex phenomenon, reflecting an interaction between the features of a person's body and the features of the society in which he or she lives.

**"You don't have to be handicapped to be different—
everybody's different."**

— Kim Peek (the mega-savant who inspired the film *Rain Man*)

3. HISTORY AND LANGUAGE

According to Wikipedia, an individual may also qualify as disabled if he/she has had an impairment in the past or is seen as disabled based on a personal or group standard or norm. Such impairments may include physical, sensory, and cognitive or developmental disabilities. Mental disorders (also known as psychiatric or psychosocial disorders) and various types of chronic disease may also qualify as disabilities. A disability may occur during a person's lifetime or may be present from birth (<http://en.wikipedia.org/wiki/Disability>).

The Supreme Court of Canada has established that a disability may be the result of a physical limitation, an ailment, a perceived limitation or a combination of all these factors. The focus is on the effects of the preference, exclusion or other type of differential treatment experienced by the person, not on proof of physical limitations or the presence of an ailment (http://education.alberta.ca/media/1082136/sc_settingthedirection_framework.pdf).

You can see that the definition of disability is pretty consistent. In a nutshell, a disability may be physical, cognitive, mental, sensory, emotional, developmental or some combination of these. I prefer to think of myself as having special abilities—as do many of my friends with disabilities.

Handicapped

Let's look at another term that is often used to describe those of us with disabilities. The term *handicapped* has an interesting history. Some people with disabilities do not like the term handicap because of a belief that it originally meant someone who could not work and went begging "with cap in hand." This, however, is not the true origin of the word.

According to a number of sources, it originated in a 17th century lottery game known as "hand-in-cap," which involved players placing money in a cap. Two bettors would engage a neutral umpire to determine the odds in an unequal contest. The bettors would put their hands, holding forfeit money, into a hat or cap. The umpire would announce the odds and the bettors would withdraw their hands—full hands meaning that they accepted the odds and the bet was on, empty hands meaning they did not accept the bet and were willing to forfeit the money.

If one forfeited, the money went to the other.

If both agreed on either forfeiting or going ahead with the wager, then the umpire kept the money as payment. The custom, although not the name, has been used since the 14th century. There is a horse racing reference in 1754 (a Handy-Cap Match), when the umpire decreed that the superior horse should carry extra weight as a “handicap.” This led to the term being perceived as suggesting a sense of encumbrance or disability, a use that was first recorded in 1890. The idea of “equalizing the chances of competitors” was first recorded in 1852, but was understood to apply to horse racing. The meaning of “putting at a disadvantage” showed up around 1864. The modern perception of the meaning of the word handicap was the last to develop when, in 1915, it was used to describe crippled children.

For more information about word meanings, check the following websites:

www.easydictionary.org/handicapping.html

<http://en.wikipedia.org/wiki/Disability>

On-line etymology dictionary

www.etymonline.com/index.php?l=h&p=3

“It was ability that mattered, not disability, which is a word I’m not crazy about using.”

— Marlee Matlin

3. HISTORY AND LANGUAGE

People-first language

Now I want to talk a little about “people-first” language. As I mentioned above, placing people—not their disabilities—first shows respect, as well as an understanding that even people with the same disability label, such as people who are deaf, are very different from one another. They have different strengths and needs, and face different challenges. The American Psychological Association style guide states that, when identifying a person with an impairment, the person’s name or the applicable pronoun should come first, with the impairment or disability identified but not modifying the person. Examples of improper use are *a borderline ...*, *a blind person*, or *an autistic boy*. More acceptable terminology would be *a woman with Down syndrome* or *a man who has schizophrenia*.

APA also states that a person’s adaptive equipment should be described functionally as something that assists a person, not as something that limits a person; for example, a woman who uses a wheelchair rather than a woman in/confined to a wheelchair. They argue that while someone’s impairment (for example, a spinal cord injury) is that person’s property, a disability is something created by external societal factors such as a lack of wheelchair access to the workplace. This distinction between the individual property of impairment and the social property of disability is central to the social model. The term disabled people, as a political construct, is also widely used by international organizations of disabled people, such as Disabled People’s International (DPI).

Reflect

- Think about language and consider its importance when working with people with disabilities.
- What is the difference between saying “Sarah, the blind girl” and “Sarah, who is blind”?
- How does what you’ve learned about language fit into any of your own experiences?
- How would you describe yourself in positive and hopeful language?

Experience

- Make a list of words you could use in your interactions with others that would be positive and hopeful. Share your list with others, then discuss and brainstorm new ideas.
- Talk with your mentor or another person who works with individuals with disabilities to get his or her perspective on language and to learn what they've found during their work experiences.
- Talk with some students with disabilities in your school and get their perspective on the language that is used. How would they describe themselves? What would they prefer?

"Passion is the great slayer of adversity. Focus on strengths and on what you enjoy."

— Charles Schwab

COMMONLY RECOGNIZED DISABILITIES

“A true friend ... recognizes your disabilities but emphasizes your possibilities.”

— William Arthur Ward



Disabilities and their definitions

Working with Tyler and Marie in the community home has taught me many things, but it has also made me aware of how much there still is to learn and do. For example, I had no idea there were so many different career options for working with people with disabilities in some way. I also have learned a lot about assistive technology and how it can be used. In this chapter you're going to learn about some of the more commonly recognized disabilities. Wait until you see some of the things that people can do with technology.

Most of all, I've learned how resilient people can be no matter what disability they might have or what is happening in their lives. I volunteered to do this chapter because I was excited to read about the many well-known and accomplished people with disabilities who not only overcame them but went on to have incredible lives and contribute to society. Of course there are also millions of people worldwide who may not be what society deems famous, but who still live with and overcome their disabilities every single day of their lives.

An Alberta Education resource called Medical/Disability Information for Classroom Teachers (www.learnalberta.ca/content/inmdict/html/index.html) presents a lot of good information for teachers and those working in schools, but it can also be used by anyone wanting to know more about disabilities. It also includes strategies people can use to support individuals with disabilities. The resource uses five disability labels to create a common understanding of how the disability might affect an individual and the individual's ability to learn and to live a successful and satisfying life. The disability groupings in the resource are:

- **physical disabilities and medical conditions**
- **sensory disabilities**
- **learning disabilities**
- **emotional and/or behavioural disabilities.**

Physical disabilities

Attention Deficit/Hyperactivity Disorder (AD/HD)

Attention deficit/hyperactivity disorder is a neurobiological condition that can cause inattention, hyperactivity and/or impulsivity and other learning difficulties. Research suggests that AD/HD is most likely caused by abnormalities in certain neurotransmitters or messengers in the brain, making the brain inefficient or sluggish in the areas that control impulses, screen sensory input and focus attention. For example, it might be hard for a student to work in small groups in his social studies class because he is so distracted by the talking and activity around him.

The three types of AD/HD are:

- a predominantly hyperactive-impulsive type
- a predominantly inattentive type
- a combined type.

4. COMMONLY RECOGNIZED DISABILITIES

Signs of hyperactivity may include restlessness, squirming and fidgeting, and excessive talking. Signs of impulsivity may include acting without thinking first or without planning, difficulty following rules and steps, interrupting others, and difficulty managing frustrations, emotions and transitions. Signs of inattention may include losing or forgetting things, frequently “tuning out,” difficulty following instructions, missing important details, difficulty staying on task and completing assignments, poor organizational skills, difficulty with short-term memory and recall, distractibility, and problems with focusing and maintaining attention.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that causes rapid, life-threatening effects throughout the body and typically requires immediate medical attention. It is important to know your school or workplace protocol in relation to this serious medical condition. Allergies are the body’s overreaction to substances that, in non-allergic people, are harmless. These substances, called allergens, can enter the body through the skin, eyes, nose, mouth or digestive system. Common allergens include dust, moulds, pollen, insect bites, animals (including dander, hair, fur, feathers and saliva), chemical vapours from paint, carpet or perfume, foods and smoke. Allergy symptoms may be mild, moderate or severe. Even mild symptoms, if chronic, can cause individuals to be absent from work or school. However, allergies can be controlled and symptoms can be managed. A common example of this is a peanut allergy. Some schools have declared their schools to be “nut free” in order to help students and others to be safe.

Asthma

A chronic lung condition, asthma causes difficulty in breathing. People with asthma have extra-sensitive airways. When the airways are irritated they become narrowed or obstructed, making it difficult for air to move in and out. This can cause one or more of the following symptoms: wheezing, coughing, shortness of breath and/or chest tightness. Asthma affects people in varying degrees, from very mild to very severe. In people with severe asthma, symptoms occur more easily and more frequently. Severe or poorly controlled asthma can be dangerous; however, with adequate treatment, asthma can usually be controlled.

Cerebral Palsy (CP)

Cerebral palsy refers to a group of disorders that result from injury to the developing brain, and can affect movement and muscle coordination. Depending on which areas of the brain are damaged, CP can cause one or more of the following: muscle tightness or spasms, involuntary movement, difficulty with gross motor skills such as walking or running, difficulty with fine motor skills such as writing or doing up buttons and difficulty with perception and sensation. Individuals with CP may have cognitive, speech and language disorders, visual and hearing impairments and/or learning disabilities. The parts of the body that are affected and the severity of impairment can vary widely. CP is not progressive, but can seem to change as the child grows.

Cystic Fibrosis

Cystic fibrosis is a genetic disorder that affects the lungs, pancreas and other organs. The mucous in these organs is thicker than normal and blocks ducts or airways. Common symptoms include breathing problems and digestive issues. The severity of the disease can vary significantly in childhood; some children will be in excellent health while others require frequent hospitalization. Depending on the stage of the disease and the organs affected, cystic fibrosis may be treated with medications, chest-clearing techniques, nutritional supplements and, in severe cases, organ transplants.



Gerri Jewell

(born September 13, 1956) Gerri Jewell is an actor and comedian born with cerebral palsy. She is most famous for her roles on the television program *The Facts of Life* and on HBO's *Deadwood*. Gerri brings to her presentations personal experience of having her behaviour and actions misunderstood because of her cerebral palsy. Gerri Jewell is said to be a pioneer for comedians with disabilities.

4. COMMONLY RECOGNIZED DISABILITIES

Type 1 Diabetes

Formerly known as juvenile diabetes, type 1 diabetes is a disease in which the immune system attacks and destroys the cells in the pancreas that produce insulin. Type 1 diabetes is not caused and cannot be managed by lifestyle changes. There is no cure for type 1 diabetes. It is controlled through regular, daily doses of insulin and by taking other steps to control blood sugar levels. Students with type 1 diabetes will need to perform regular blood sugar level checks by pricking a finger and measuring the acquired droplet with a blood glucose metre. They may then have to respond in one of a variety of possible ways, depending on the blood sugar level. An individual with diabetes, and those working with him or her (such as a teacher), must know what to do in case of an emergency.

Spina Bifida

Spina bifida is a birth defect in which the spinal cord and spine are not completely formed. The effects of spina bifida vary greatly depending on the severity and location of the spinal cord damage. The most common and severe form is myelomeningocele. Typically, the ability to control movement of the legs is affected most, resulting in difficulties with balance and walking. The individual may have trouble moving the arms and hands, resulting in difficulty with fine motor activities (for example, printing, colouring, cutting). Sensation and use of the bladder and bowels are often affected.

Most people with spina bifida have an average IQ; however, a broad range of cognitive abilities can accompany the condition. The more severe the spinal cord damage, the more learning difficulties the student may have. Students with hydrocephalus (fluid build-up in the brain) tend to have lower cognitive ability and more learning challenges. Latex allergies are common and sometimes life-threatening in people with spina bifida.



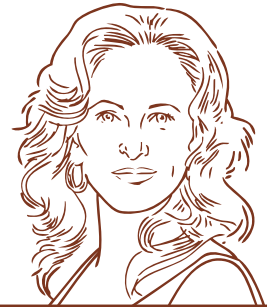
Robert Hensel

(born May 8, 1969) Being an international poet and writer, Robert has never let spina bifida get in the way of his artistic mind. "There were many times that my schoolmates would laugh at me and call me names simply because of their lack of understanding of why I was a little different." He was awarded the title of one of the best poets of the 20th century with over 900 publications worldwide and retains the world record at Guinness and Ripley's for the longest nonstop wheelie in a wheelchair.

Sensory disabilities

Deafness or hard-of-hearing

Individuals who are deaf or hard-of-hearing have an audiologist's diagnosis that identifies the presence and degree of hearing loss. The Canadian Academy of Audiology defines hearing loss as mild (26–40 decibels), moderate (41–55 decibels), moderate to severe (56–70 decibels), severe (71–90 decibels) or profound (90+ decibels). The degree of hearing loss does not predetermine how people function in auditory, educational and social situations. Individuals with a moderate hearing loss may function as deaf, but with current technologies, those with severe to profound hearing loss may function as hard-of-hearing.



Marlee Matlin

(born August 24, 1965) Marlee Matlin became the first deaf woman to win an Academy Award for her role in *Children of a Lesser God*. She won for Best Actress.

Visual Loss

The term visual impairment has varying definitions across North America. Partially sighted, low vision, and legally blind are other terms often associated with a visual disability. From an educational perspective, students described as having visual impairments or low vision are generally those who are able to use their remaining vision for learning but who need to use a combination of compensatory visual strategies, low-vision devices and environmental modifications to access and respond to visual information.

Visual impairment can involve a loss of visual clarity (visual acuity), peripheral vision (visual field) or both. Some visual conditions also may result in reduced or complete loss of colour vision, sensitivity to even normal levels of light (photophobia), or rapid, involuntary eye movements (nystagmus). All of these factors affect the person's degree of visual efficiency or how well the individual is able to use vision for learning. It is critical that people receive specific instruction and practice in the effective use of their vision to develop an optimal level of visual efficiency and functioning in various environmental settings.

Vision is a dynamic process that integrates sensory and motor information to derive meaning. A person's ability to use vision depends upon many factors, such as the severity of vision loss and the age at which it began, the timeliness and type of intervention, and the presence of additional disabilities. Therefore, programs and services must be based on the assessed needs of each individual.

4. COMMONLY RECOGNIZED DISABILITIES

Blindness

People with little or no functional vision for learning are considered educationally blind and primarily use Braille, audio and tactile resources (such as raised maps) to access instructional materials. Many of these individuals may have some residual vision that can provide cues to enhance tactile learning or access to information. This can be an advantage in such tasks as learning to travel independently around the home, school, work or community. People who have residual vision should receive specific instruction and practice in the effective use of this vision to help them develop an optimal level of visual efficiency. Visual field is measured in degrees. The term legally blind is sometimes used to identify people with a severe vision loss. Only 1 in 10 people who are legally blind see nothing at all.



Stevie Wonder

(born October 7, 1951)
Stevie Wonder is an American singer-songwriter, multi instrumentalist, and record producer. Blind from infancy, Wonder signed with Motown Records as a pre-adolescent at age twelve and continues to perform and record for the label to this day.



Harriet Tubman

(c. 1820 - 10 March 1913)
Harriet Tubman was a slave throughout her youth, being treated like an animal until she eventually escaped captivity. When she reached Canada she did not stay to enjoy her freedom. She returned to the United States and brought hundreds of black slaves back to safety, saving them from slavery by escaping on what they called The Underground Railroad. After a severe wound to the head, which was inflicted by a slave owner before her escape, she endured vision loss and seizures. Even that did not keep her from tossing her fears aside and keep fighting for the freedom of her people.

Seizure Disorder

There are more than 20 seizure disorders, which are brought on by hyperactivity in the brain. Seizures may be as subtle as a stare or a sudden change in awareness, or as physical as a convulsion. These seizures may last from a few seconds to several minutes. When seizures take place, any of the other functions controlled by the brain—from thoughts and emotions to functioning of the heart and lungs—may be disrupted. Some seizure disorders are difficult to control while others are well-regulated by medication. Medications will not cure a seizure disorder, but may help to control it.

Developmental disabilities

Cognitive or intellectual disabilities are often included under the broader category of developmental disabilities. The term cognitive disability often is used interchangeably with the terms intellectual or developmental disability. A cognitive disability may be deemed to be mild, moderate or severe depending on the individual's IQ.

- A mild cognitive disability is intellectual functioning that is significantly below average and that exists concurrently with deficits in adaptive behaviour (the way in which individuals, compared to others of the same age, adapt to environmental demands). People with a mild cognitive disability will typically learn at about half to three-quarters of the rate of most individuals, and their overall academic achievement can generally reach the higher elementary grades. People with a mild cognitive disability also may exhibit increased frustration or anxiety due to a lack of understanding, particularly during transitions and changes in routines.
- A moderate cognitive disability is intellectual functioning that is considerably below average and that exists concurrently with significant deficits in adaptive behaviour. People with a moderate cognitive disability will typically learn basic communication skills in childhood with numerous supports. They will be delayed in all areas of development and will require academic and social/emotional supports throughout their school and adult life.
- A severe cognitive disability is intellectual functioning that is much below average and that exists concurrently with significant deficits in adaptive behaviour. People with a severe cognitive disability will need supports for most activities, but they can learn basic skills.

Down Syndrome

Down syndrome is a chromosomal disorder that causes delays in physical and mental development. Individuals with Down syndrome have a particular set of facial and other physical characteristics. The person's abilities and the severity of associated medical conditions can vary greatly, from mild to severe. Heart problems, thyroid issues and gastrointestinal (bowel) issues are common aspects of Down syndrome. Other physical issues include hearing and visual impairments, low muscle tone and instability in the ligaments that hold the neck vertebrae together.

4. COMMONLY RECOGNIZED DISABILITIES

Autism or Autism Spectrum Disorder (ASD)

Autism or autism spectrum disorder are complex, lifelong neurological disorders that affect the functioning of the brain. Individuals with ASD have developmental disabilities that can impact how they understand what they see, hear and otherwise sense which, in turn, can result in difficulties with communication, behaviour and relationships with other people. ASD can range from mild to severe and may be accompanied by other disorders, such as learning disabilities, anxiety, attention difficulties or unusual responses to sensory stimuli.

Asperger Syndrome

Asperger syndrome is an autism spectrum disorder characterized by significant difficulty interacting with or relating to others. People with Asperger syndrome often have average or above average intelligence, but have problems adapting to change or accepting failure, as well as difficulty coping with the social and emotional demands of school or other environments. Secondary conditions such as depression, anxiety disorders or obsessive compulsive disorders are common with Asperger syndrome. Motor coordination problems also are common.

Fetal Alcohol Spectrum Disorder (FASD)

Fetal alcohol spectrum disorder is a pattern of birth defects, learning and behavioural problems affecting individuals whose mothers consumed alcohol during pregnancy. FASD causes a variety of symptoms, including extreme impulsivity, poor judgment, poor memory, difficulty learning basic skills, organizational difficulties, language and speech delays, and gross and fine motor delays. Certain physical facial characteristics may indicate FASD, but many individuals who are affected do not have these characteristics. Other physical and psychological disorders are common with FASD, including seizures, hearing or vision problems, attention deficit disorder, anxiety and depression.

The challenges to learning and functioning that the individual experiences are caused by brain damage. Although individuals may learn many coping strategies, the brain damage is permanent.

- The prenatal effects of alcohol are varied, and no two individuals affected will have identical characteristics or needs.
- Needs will be different at different stages and in different situations throughout individuals' lifetimes, depending on the level of support and structure available, the demands of the environment, and the physical and emotional health of the individual.
- A medical diagnosis of FASD can be a protective factor for individuals and their families; the diagnosis can increase understanding of the individual's needs and strengths, and be a catalyst for the individual to receive the supports he or she needs.
- All individuals have strengths that need to be recognized, identified and nurtured.

4. COMMONLY RECOGNIZED DISABILITIES

Emotional and/or behavioural disabilities

Anxiety Disorders

Anxiety disorders are characterized by an excessive and persistent sense of apprehension along with physical symptoms such as sweating, palpitations, stomach aches and feelings of stress. Anxiety disorders have biological and environmental causes, and are usually treated with therapy and/or medication. Individuals with anxiety disorders will often have additional disabilities; for example, attention deficit disorder or autism.

Oppositional Defiant Disorder (ODD)

Oppositional defiant disorder is a condition characterized by a persistent pattern of aggressive and defiant behaviour and a need to annoy or irritate others. Common behaviours include frequent temper tantrums, frequent arguing with both peers and adults, intentionally annoying others, blaming others for the individual's own mistakes, and appearing angry and vindictive. ODD usually shows up in children by eight years of age and sometimes as early as age three. Oppositional defiant disorder may develop as a way of dealing with depression, inconsistent rules or standards, or a traumatic event or situation such as divorce, trauma or conflict.

The number of symptoms tends to increase with age and, if not recognized early, behaviour patterns can become well-established and more resistant to treatment. Individuals with ODD also may have other disorders and difficulties, such as attention deficit/hyperactivity disorder, learning disabilities or depression, and are at risk for developing conduct disorder. Some younger students exhibiting characteristics of oppositional defiant disorder may develop a more serious conduct disorder later in life.

Conduct Disorder

Conduct disorder is a condition characterized by a persistent pattern of behaviour in which the basic rights of others are ignored. Children and teens with conduct disorder tend to be impulsive and behave in ways that are socially unacceptable and often dangerous. Children with conduct disorder have four main types of chronic and persistent behaviour: aggressive conduct, property damage or theft, lying and serious violations of rules. Conduct disorder may be a result of genetics, chaotic home environments or the individual's temperament, or it may stem from physical or neurological factors. Conduct disorder is treated through counselling—usually focused on developing appropriate behaviour and coping skills—and sometimes with medications.

Conduct disorder may occur in combination with other conditions such as attention deficit/hyperactivity disorder or depression. People with conduct disorder generally exhibit more severe forms of chronic behaviour than individuals with oppositional defiant disorder. Many young children with oppositional defiant disorder may develop conduct disorder as they get older. Mild forms of conduct disorder tend to improve as the child grows older. Without intervention, however, conduct disorder can lead to school failure, injuries, teenage pregnancy, mental health issues and conflict with the law.



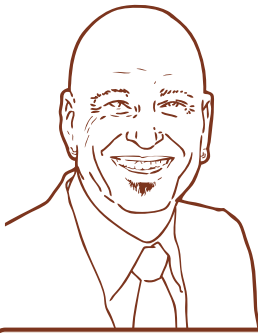
Harrison Ford

(born July 13, 1942)
Ford is best known for his performances in the Star Wars film series and as the adventurous archaeologist and action hero, Dr. Henry "Indiana" Jones Junior, in the Indiana Jones film series. He struggled with depression in his youth, and would sleep long hours, often miss class and have trouble keeping up with his studies. After signing up for drama class, his depression lifted and he had a new focus.

Depression

Depression is characterized by symptoms such as persistent feelings of sadness, hopelessness, dejection and guilt, withdrawal from activities and people, poor concentration, lack of energy, inability to sleep, weight loss or gain, anxiety, irritability or agitation and/or thoughts of death or suicide. Depression may be caused by a loss, by genetic or biochemical factors, or by past or ongoing trauma. People with disabilities are as vulnerable to depression as the general population. Depression is usually treated with counselling and/or medication.

4. COMMONLY RECOGNIZED DISABILITIES



Howie Mandell

(born November 29, 1955) Howard Michael “Howie” Mandel is a Canadian comedian known for his work on both stage and TV. He has written and spoken publicly about his life with obsessive compulsive disorder (OCD) and attention deficit/hyperactivity disorder (AD/HD). Mandel has also been diagnosed with mysophobia which is an irrational fear of germs.

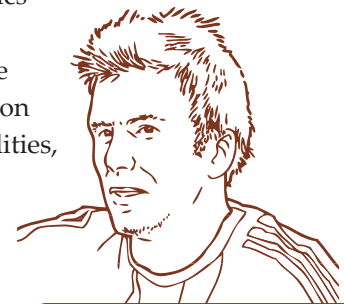
Obsessive Compulsive Disorder (OCD)

Obsessions are persistent thoughts, impulses or images that cause significant distress. Compulsions are repetitive behaviours (for example, hand washing, ordering or checking) or mental acts (for example, praying, counting or repeating words silently) that a person feels compelled to do to prevent or reduce distress. Obsessive compulsive disorder is a psychiatric condition in which obsessions or compulsions are severe enough to be time-consuming, cause marked distress, or interfere with everyday functioning. Treatment for OCD ranges from therapy to self-help and medication. The onset of OCD usually occurs during adolescence or young adulthood. In young children other disorders—such as attention deficit/hyperactivity disorder, autism and Tourette syndrome—can also look like obsessive compulsive disorder.

Tourette Syndrome

Tourette syndrome is a neurological disorder that causes a wide variety of involuntary motor tics and unusual behaviours. These tics range from eye blinking, facial grimacing and jerky movements to noises, such as snorting, barking, throat clearing and, in rare cases, crude language.

They are almost impossible to control. Some individuals can hold back tics for a short time, but this requires a great deal of concentration and energy, and often results in an explosion of tics afterward. Symptoms of Tourette syndrome may come and go and may change over time. Individuals with Tourette syndrome are likely to have another neurological condition such as attention deficit disorder, obsessive compulsive disorder, learning disabilities, visual and auditory processing problems, sensory integration issues or depression.



David Beckham

(born May 2, 1975) David was diagnosed with Obsessive Compulsive Disorder (OCD) and it manifests itself through constant cleanliness and perfection of all that is around him.

Invisible disabilities

People who have “invisible disabilities” have unique challenges. Since their disability is not physically apparent to others—as is that of someone who uses an assistive device such as a wheelchair or walker—people might not know about the disability, or might not be as empathetic. As well, some people who use an assistive device could also have an invisible disability.

According to the Invisible Disabilities Association (www.invisibledisabilities.org/whatisaninvisibledisability/), “the term invisible disabilities refers to symptoms such as debilitating pain, fatigue, dizziness, weakness, cognitive dysfunctions ..., and mental disorders, as well as hearing and vision impairments. These are not always obvious to the onlooker, but can sometimes or always limit daily activities, can range from mild challenges to severe limitations and vary from person to person.”

Unfortunately, people often judge others by what they see and often conclude that a person can or cannot do something by the way they look. This can be equally frustrating for those who may appear unable, but are perfectly capable, as well as for those who appear able, but are not.

International disability expert, Joni Eareckson Tada, explained it well when she told someone living with debilitating fatigue, “People have such high expectations of folks like you [with invisible disabilities], like, ‘come on, get your act together.’ But they have such low expectations of folks like me in wheelchairs, as though it’s expected that we can’t do much.”

Fetal alcohol spectrum disorder (FASD) can be another example of an invisible disability if the individual does not have any of the facial or other physical characteristics. The strengths and needs of individuals affected by FASD vary widely and may fluctuate from day to day and from situation to situation but may not always be apparent. Consider the experience of Myles Himmelreich, a young man impacted by FASD, who is now a successful mentor to youth with FASD:

“Most people with FASD need support and this support needs to be ongoing because needs will change over time and from one context to another. Supports need to be responsive, respectful, flexible and creative. It’s all about finding out what kinds of natural structures, strategies and relationships will create opportunities for an individual to be successful in his or her environment, relationships and self-management.

The bottom line is that everyone with a disability is different and each person will have varying challenges and needs, as well as different abilities and attributes.”

4. COMMONLY RECOGNIZED DISABILITIES

Reflect

- What benefits do you think result from labelling disabilities? What potential problems, if any, might result?
- Is there a particular group of individuals with disabilities that you want to learn more about? (For example, do you want to learn more about working with children with disabilities who are involved in the Special Olympics?)
- Other than the ones specified earlier in this chapter, what other disabilities do you think may be classified as “invisible disabilities”? Why? What do you think are some of the challenges faced by people with invisible disabilities?
- Do you have an invisible disability? If so, how does this affect your interactions with others?

“For me, I felt I was being misunderstood when I was acting out and it was taken as misbehaving ... I wish they had asked — Was that misbehaviour or was it misunderstanding? Does that individual know what he should be doing? Does he truly understand? ... Individuals with FASD need guidance. Teach them what they can do instead of what they can’t do.”

— Myles Himmelreich
Alberta Advocate for FASD

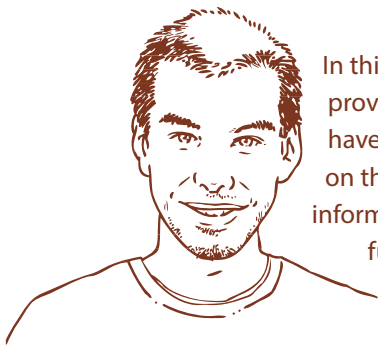
Experience

- Interview someone with a disability. What do they say are their biggest challenges and their greatest rewards?
- Interview your mentor. Ask him or her how he or she learned about the disabilities of the people he or she is working with. How did finding out more about disabilities help him or her in working with those individuals?
- Create a journal entry, picture, photograph album or artistic piece of some kind to express what you have learned so far. Share this with your class, friends, mentor or family.
- Choose a disability to research. Include stories that help you to learn about and understand the disability in greater depth. Share material with your classmates to compile a book that everyone can continue to build upon, such as a digital scrapbook of stories and information.

DISABILITY SUPPORTS IN THE COMMUNITY

“I have a disability yes that’s true. But all that really means is I may have to take a slightly different path than you.”

— Robert Hensel



In this chapter I’m going to tell you about some ways that communities can provide supports for people with disabilities. Each community is going to have different supports and some will have more than others depending on the size and needs of the community. I also want to give you some basic information about person-centred and family-centred approaches, what full citizenship means and an overview of what’s available in many communities.

I was lucky enough to have lots of support from my family and I grew up knowing it was okay to ask for help when I needed it. But a lot of the youth I work with come to us feeling lost and not knowing how to get help. Working at the community home has really helped me see how important it is to have support from the community. One of our jobs as community home staff is to help connect our youth to the people and places that will help them live as independently as possible.

“A true friend knows your weaknesses but shows you your strengths; feels your fears but fortifies your faith; sees your anxieties but frees your spirit; recognizes your disabilities but emphasizes your possibilities.”

— William Arthur Ward



Approaches to working with persons with disabilities

Before you start working with people with disabilities, consider using the approaches that we discuss in this section. These approaches focus on the individual and the family and on what is important to them rather than trying to make people fit into existing community services. It may seem subtle but it makes a big difference.

Person-centred planning

Person-centred planning (PCP) discovers and acts on what is important to a person. It is a process of continual listening and learning, focusing on what is important to someone now and in the future, and acting on this in partnership with the person, his or her family and his or her friends.

Person-centred planning was created in response to some specific problems with the way in which society responds to people with disabilities. Those who first described the process believed that services tend to work in a “service-centred” way rather than a “people-centred” way. For example, a person who is isolated would be offered different groups to attend (each run by a service specifically created for people sharing a specific label), rather than being helped to make friends in ordinary society.

Traditional models of planning for service provision have operated around the individual receiving the service, with professionals (such as educators, doctors, psychiatrists, nurses, support workers, care managers, occupational therapists and social workers) making decisions regarding the types of support received. These models tended to focus on the person’s deficits and negative behaviours, labelling the person and creating a disempowering mindset from the start.

Person-centred planning offers an alternative to such models, striving to place the individual at the centre of decision making along with family members, professionals and significant others in the person’s life. Planning isn’t one clearly defined process, but a range of processes sharing a general philosophical background and aiming at similar outcomes.

The process focuses on discovering the person’s gifts, skills and capacities,

5. DISABILITY SUPPORTS IN THE COMMUNITY

and on listening for what is really important to the person. It is based on the values of human rights, independence, choice and social inclusion, and is designed to enable people to direct their own services and supports in a personalized way rather than attempting to fit them within pre-existing service systems.

A plan for service delivery can then be based on and consistent with the

Person-centred planning can have many effects that go beyond the making of plans. It can create a space in which someone who is not usually listened to has centre stage. It can insist that discussion is centred around the person telling us—with his or her own words and behaviours—what is important to him or her, as well as hearing what others feel is important for the person. It can engage participants personally by allowing them to hear of deeply felt hopes and fears. It can assist people in a circle of support to reframe their views of the person upon whom it is focused. It can help a group solve difficult problems.

person's plan. That service plan recognizes and supports the contributions of the person, family and community, and can clearly acknowledge the limitations of what the system is prepared to provide.

The person-centred approach expects services to be responsive to the needs of the people who use the service, rather than prescriptive in the types of services offered. Many people believe that it is essential that organizations and agencies providing services make a commitment to be person-centred in all their activities, which can result in major changes in areas such as recruitment, staff training, and business planning and management.

"Person-centred planning has been shown to work. The world's largest study into person-centred planning described how it helps people get improvements in important parts of their lives and indicated that this was at no additional cost."

(http://en.wikipedia.org/wiki/Person_Centred_Planning)

Family-centred care or service

“Family-centred service is made up of a set of values, attitudes and approaches to services for children with special needs and their families. Family-centred service recognizes that each family is unique; that the family is the constant in the child’s life; and that they are the experts on the child’s abilities and needs. The family works with service providers to make informed decisions about the services and supports the child and family receive. In family-centred service, the strengths and needs of all family members are considered.”

(http://en.wikipedia.org/wiki/Family_centered_care)

It is much like the person-centred approach in that the focus is on the family and their unique needs. This approach:

- identifies and builds on a family’s existing strengths
- recognizes that the family’s informal social support network is a primary resource for meeting the family’s needs
- targets family-centred goals through supports and services
- emphasizes and promotes strengthening the parents’ and family’s ability to promote the child’s development.

(Family Support for Children with Disabilities (FSCD) Program—www.child.alberta.ca/home/591.cfm)

Full citizenship: What does it mean?

Full citizenship means:

- being treated fairly and without discrimination by individuals, companies, organizations and governments
- having adequate supports to live a life of safety, security and dignity
- having the chance to pursue educational and employment opportunities
- having the opportunity, choice and ability to participate in all aspects of society.

Four supports are widely recognized as fundamental to the creation of an environment leading to full citizenship. These are:

- personal supports
- education and learning supports
- employment supports
- financial supports.

5. DISABILITY SUPPORTS IN THE COMMUNITY

Success in creating an environment of full citizenship is based on the presence of these supports in an individual's life, the degree to which the individual's needs are matched with these supports, and the coordination of these supports across various systems. Following are descriptions of each of the four key components.

Personal supports

Personal supports or disability supports refer to a range of technical aids, assistive devices and personal services that are necessary in order to accommodate the functional limitation created by the individual's impairment in daily activities. These include:

- personal care services (e.g., someone to help with meals, toileting, bathing, etc.)
- technical aids, assistive devices and adaptive technology (e.g., wheelchairs, communication devices, chairlifts)
- transportation and housing (e.g., vans with wheelchair lifts, lower countertops).

Personal supports are the most essential aids identified by persons with disabilities and their families/support persons for full participation in society.

Education and learning supports

Education and learning supports are fundamental in order for people with disabilities to realize and maximize their learning potential across their lifespans. For students to fully participate in their learning environments, an opportunity must exist to exchange information and to participate in school culture. Barriers to communication or to participation in school activities that are not offset by learning supports have the potential to jeopardize the learning capacity, educational attainment and labour force participation of persons with disabilities.

Employment supports

Employment supports refer to aids in the workforce environment that are required by persons with disabilities. Secondary functions of employment supports are to equip employers with accurate information about disability and employment, and to accommodate persons with disabilities in the workforce. Most employment supports involve altering work schedules, adapting equipment with technical devices and renovating the workspace to meet the accessibility needs of the employee.

Financial supports

Disability-related costs can create a financial hardship on persons with disabilities and their families/support persons. These costs occur when persons with disabilities don't have the resources they need in order to live, learn, work or engage in recreational activities. People who are unable to pay for disability-related costs themselves usually rely on assistance from family members or on some kind of financial support program.



A variety of federal and provincial funding programs are available to persons with disabilities who are not able to work full-time or who are not able to live on what they earn at their existing employment.

Eligibility for various financial support programs is typically dependent on diagnosis, age of onset of disability, permanence of disability, functional limitation and the probability of returning to work.



Brian McKeever

(born June 18, 1979 in Calgary, Alberta) Brian is a Canadian cross-country skier and biathlete. In 2010, he became the first Canadian athlete to be named to both Paralympic and Olympic teams. He began skiing at the age of three and started competing at thirteen. At 19 he began losing his vision due to Stargardt's disease. At the 2002 and 2006 Winter Paralympics he competed in both cross-country skiing and biathlon. He won two gold medals and a silver medal in cross-country the first year and a bronze medal for biathlon plus two gold medals and a silver for cross-country skiing in the later year. His older brother, Robin McKeever, competes as his guide when Brian skis in the Paralympics.

Support services for persons with disabilities

A wide range of support service options are available for persons with disabilities. In Canada, services are available at the federal, provincial and community levels. The list below, although not inclusive, links to some websites that provide information about disability-related support services. At times, changes are made to the definitions of disabilities and to funding and support levels. Short descriptions of current services, along with relevant websites presenting more information, are listed below. The list includes a number of examples of services available particularly for young people with disabilities transitioning to adulthood.

5. DISABILITY SUPPORTS IN THE COMMUNITY

Federal supports

- **Persons with Disabilities Online**

This site provides access to services and information for persons with disabilities, family members, caregivers and all Canadians.

www.pwd-online.gc.ca/pwdh.4m.2@.jsp?lang=eng

Provincial supports and information

- **Child Disability Resource Link (provincial information contact numbers and websites)**

- ◇ A provincial toll-free phone line, the Child Disability Resource Link provides callers with information about a wide range of provincial and community supports, services and resources for children with disabilities and their families.

- ◇ Operators are available weekdays from 8:00 AM to 8:00 PM, and Saturdays from 8:00 AM to 4:00 PM by calling 1-866-346-4661.

- **Enterprise and Advanced Education**

- ◇ Enterprise and Advanced Education provides grants, scholarships and student loan funding to eligible students with permanent disabilities.

- ◇ The ministry supports seven institutions across the province delivering the Transitional Vocational Program. The program assists students with mild developmental disabilities gain the vocational and social skills necessary to make a successful transition from school programs to adult working life.

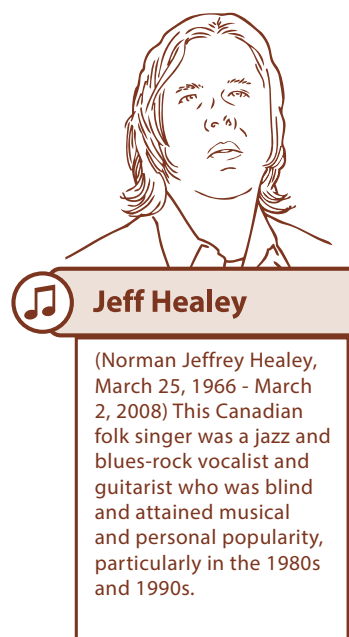
<http://eae.alberta.ca>

- **Human Services Employment and Immigration – Disability Related Employment Supports (DRES) program**

- ◇ DRES provides disability-related supports to adult Albertans who face barriers caused by a disability and who need help in order to enter or maintain employment. DRES funds are provided directly to students or to institutions that make purchases on behalf of students.

<http://www.employment.alberta.ca/CES/3159.html>

- **Persons with Developmental Disabilities (PDD)**
 - ◊ PDD is a provincial government body responsible for providing supports and services that may be needed by individuals with developmental disabilities when they turn 18.
www.seniors.alberta.ca/pdd
- **Family Support for Children with Disabilities (FSCD) program**
 - ◊ Administered through Alberta Human Services, the FSCD program provides supports and services to children with disabilities and their families.
www.child.alberta.ca/home/591.cfm
- **Assured Income for the Severely Handicapped (AISH)**
 - ◊ Administered by Alberta Human Services, the AISH program provides financial and health benefits for adult Albertans with a permanent disability that severely impairs their ability to earn a living. The level of benefits depends on income and assets. The maximum living allowance per month, as well as additional benefits (personal income support benefits), may be provided to meet clients' special needs.
 - ◊ Personal income support benefits include funding for continuous needs (such as costs associated with raising children or providing special diets or service animals) and one-time needs (such as children's school supplies, exceptional travel and emergencies).
www.seniors.alberta.ca/aish/
- **Alberta Health**
 - ◊ AH provides support to individuals with disabilities in a variety of ways. Alberta Health services provides home care, public health, rehabilitation and mental health services as well as assisted living options.
- **Office of the Public Trustee**
 - ◊ The Office of the Public Trustee protects the financial interests of vulnerable Albertans by administering the estates of dependent adults, deceased persons and minors when there is no one else to act.
http://justice.alberta.ca/programs_services/public_trustee/Pages/default.aspx



5. DISABILITY SUPPORTS IN THE COMMUNITY

- **AISH Benefits Administration Program**
 - ◇ Administered through the Ministry of Human Services under the Office of the Public Trustee, the Assured Income for the Severely Handicapped (AISH) Benefits Administration Program works to assist and support AISH recipients with nominal assets to manage their AISH benefits where they have no one else willing or able to perform this role.
http://justice.alberta.ca/programs_services/public_trustee/aish/Pages/default.aspx
- **Alberta Aids to Daily Living (AADL)**
 - ◇ AADL provides financial assistance to people who have a chronic disability or illness and those who are terminally ill to access authorized basic medical equipment and supplies so they can function more independently in a home or home-like setting. An assessment by a health care professional determines the equipment and supplies that an Albertan can receive through this program.
www.seniors.alberta.ca/aadl

Community supports

As you can see, a number of supports are available in Alberta and across Canada to help support persons with disabilities of all ages. A wide variety of supports are also available in communities across Alberta. In order to find out what is available in your community, you may wish to visit some of the websites listed above or talk with your mentor.



John Cougar Mellencamp

(born October 7, 1951)
John Mellencamp, also known as John Cougar and John Cougar Mellencamp, is best known for being an American rock singer-songwriter. He was born with spina bifida that necessitated a lengthy hospitalization as a baby. He formed his first band at the age of 14, and the rest is history.

Reflect

- Think about the following statement and what it means: “The person-centred approach expects services to be responsive to the needs of people who use the service.”
- How would you go about finding services for someone like the youth with whom Marie is working; that is, a person who is deaf and trying to live independently? Where would you look? Who could you talk with?
- Think about person-centred planning and family-centred care. How would these approaches affect how you work with people with disabilities? What would be the advantages? What would be the challenges?
- Make a list of questions you would like to ask service providers in your community. Make another list of questions you would like to ask persons with disabilities. How are these different?

Experience

- Work with your classmates to develop a list of community supports for persons with disabilities. Develop an easy-to-read and comprehensive list as though you were a newcomer to the area and didn’t know where to start looking. How would you reach new people? Where could the lists be posted? To whom would you give the lists?
- Assume that you are new to the field of disabilities and you want to apply to work at a community home in your area. What kind of responsibilities might you have? Who are the people who are living in the community homes where you live?
- Investigate supports you would like to learn more about. For example, you might want to look into support homes, outreach programs, groups for people with FASD, respite homes, and so on. Develop a presentation about what you learned and share with the class.
- Interview someone who has used respite care and ask him or her what, if any, difference it has made in his or her life. What did he or she like? What did he or she not like? Discuss with your classmates or your mentor.

CAREERS WORKING WITH PERSONS WITH DISABILITIES

“At first I was attracted to a career in the community disability services sector because I believed I had a lot to give. I soon realized that I had much to learn and, in time, I gained even more than I thought possible. I became aware of what I was capable of by seeing what others had overcome and succeeded in achieving. I have learned so much from the people I have worked with. There has been a lot of unconditional acceptance of who I am from the people I have provided support to.”

— Community disability services practitioner of over 10 years
(from the Community Disabilities Services Edmonton website)



Hi, Marie here. I have the privilege of introducing this chapter to you and talking a bit about some of the careers that involve working with people with disabilities. These careers focus on working with children and youth, with adults and with both. You may be interested in teaching, working as a support person in the community or even helping others through the arts.

The list of careers that I've included isn't by any means exhaustive but it will give you some idea of the broad scope of options open to you if you decide to go into this exciting field. I also want to introduce you to some ideas on how to build and maintain supportive and respectful relationships, how to ensure that both you and the people you're working with are safe and how to deal with a crisis if or when it happens.

As in any working situation, it's important to know how to take care of yourself and your own needs. I'll include some tips that I hope will help you as you grow, change and move forward in your schooling and career. You will undoubtedly collect your own ways of dealing with the successes and challenges that arise on your path over the years. I hope you have a chance to share them with others as I have. Have fun exploring these career options!

Career options

The following career options are listed below in alphabetical order and include a brief description of the roles and responsibilities for each. The Alberta Learning Information Service (ALIS) (<http://alis.alberta.ca/>) is an excellent resource for further exploration of careers that may interest you. It includes in-depth information about duties, desirable characteristics, working conditions and schooling options within Alberta.

Addictions counsellors help individuals, families and communities identify and deal with addictions through treatment and prevention programs. In general, addictions counsellors:

- work with clients from diverse cultures and lifestyles who have eating disorders or are addicted to alcohol, drugs, gambling, sex or tobacco
- assess client strengths, problem areas, severity of dependence and readiness to change
- develop client treatment plans that are based on research, clinical experience and client history
- provide information about addiction issues and about available services and programs and make appropriate referrals where necessary
- conduct information sessions and therapy groups as required
- counsel affected individuals and family members through all stages of recovery using appropriate intervention strategies and treatment approaches
- review, evaluate and document client progress
- provide aftercare and follow-up, as appropriate
- develop public education, prevention and health promotion programs
- work with organizations, institutions and communities to develop, implement and evaluate health and wellness programs.

Addictions counsellors may work in residential treatment centres, detox centres, community homes, overnight shelters, hospitals, outpatient centres, schools or community-based agencies. They should enjoy working with people, synthesizing information to find innovative solutions to problems and helping others.

Child and youth care workers work to improve the physical, emotional, intellectual and social development of vulnerable children and adolescents. Child and youth care workers may work with young people who are:

- temporarily housed in government or private homes, agencies, treatment centres or community homes
- involved in community youth programs, recreational programs, school-based programs or family support or foster care programs.

In general, child and youth care workers:

6. CAREERS WORKING WITH PERSONS WITH DISABILITIES

- establish trusting and meaningful one-to-one relationships with children, youth and families
- implement strategies such as planned daily activities, coordinated treatment interventions, structured environments, and organized recreational and social activities
- help youth identify personal strengths and resources for positive change
- help develop and maintain individual and group treatment programs
- respond effectively to acts of aggression and depressive, destructive or self-injurious behaviours
- act as a resource for clients and their families
- engage in behaviour management, and safety and security programming for young people in residential centres
- complete written documentation.

Child and youth care workers often work as part of a team of social workers, psychologists, recreation therapists, foster care workers, teachers and other professionals. They help integrate the efforts of all these specialized professionals with children, youth and families who may be experiencing emotional or behavioural challenges. Due to their ongoing close involvement with children, youth and families, child and youth care workers are in an ideal position to help these individuals advocate for themselves and take responsibility for their actions.

Community disability services practitioners help people with disabilities fulfill their goals as participating members of the community. Working as part of a team, community disability services practitioners implement plans that are designed to assist adults, youth and children develop their abilities and expand their opportunities. Community disability services practitioners work with people who have developmental, emotional or physical disabilities. They may specialize in working with people in a particular age group or with people with a specific type of disability.

Duties, therefore, vary. But, in general, community disability services practitioners:

- assess individuals' abilities and needs
- assist people with exploring lifestyle, education and career options
- educate and support individuals to make use of community services related to their recreational, medical, learning, vocational and leisure needs
- identify programs and employers that provide relevant services and help people access those services
- assist people in the development of support networks
- facilitate active community living
- assist with personal care needs

- provide support, training and guidance to individuals and their families
- create and maintain records.

Community disability services practitioners may work as part of a team of professionals (including doctors, psychologists, teachers and therapists) and family members to develop and implement plans that include behavioural, residential and social or employment goals.

Creative arts therapists use artistic media to help clients maintain and improve their physical and mental health by recognizing and developing often untapped inner resources. Creative arts therapists use creative, artistic approaches to:

- treat mental and physical illnesses
- support individuals with disabilities
- promote wellness, creativity and personal growth.

They provide a supportive environment and therapeutic approaches that capitalize on non-verbal processes to facilitate personal or interpersonal awareness and therapeutic change. They also help people who have difficulty expressing themselves due to physical, emotional or other limitations. For example, children often can approach difficult issues more easily and convey messages more clearly through the creation of art than they can with words.

Creative arts therapists may use visual art, dance, drama or music, or a combination of arts.

- **Art therapists** use art in treatment, assessment and research. They provide therapeutic services for individuals and groups of people of all ages, and act as consultants for other mental health professionals.
- **Dance therapists** focus on the non-verbal aspects of behaviour by encouraging clients to use creative and expressive movement to address emotional issues and to improve emotional and physical health.
- **Drama therapists** use drama, creative play, psychodrama, role-play, improvisation and theatre to further clients' emotional growth and integration.
- **Music therapists** use techniques such as improvisation, guided imagery and relaxation to help people connect to themselves and

6. CAREERS WORKING WITH PERSONS WITH DISABILITIES

others, and to achieve therapeutic goals. They use sound, music and rhythm to actively or passively engage clients in the therapeutic process.

As members of therapeutic teams or as private practitioners, creative arts therapists work closely with other professionals (for example, psychiatrists, psychologists, teachers and counsellors).

Early childhood educators work with infants, toddlers, and preschool and school-aged children in a variety of settings.

In general, early childhood educators:

- develop and implement programs designed to meet children's social, physical, intellectual, creative, cultural, emotional and developmental needs in a play-based environment
- build children's social and interpersonal skills and self-esteem by establishing routines and positive guidance policies that allow children to feel secure, comfortable and safe
- establish and maintain good communication with children's families and community agencies involved in children's development.

Playschool and childcare programs are based on children's interests and learning needs, and include the use of individual, small group and large group activities, indoor and outdoor play, learning centres, outings and field trips. Activities are varied frequently and are designed to accommodate individual children's unique abilities.

Out-of-school care programs include activities designed to complement the school program, provide recreational and artistic opportunities and meet the unique needs of children aged 6 to 12. Educators in these environments are responsible for providing a safe, secure, relaxing and fun place to which children can go before school, at lunch, after school and on school holidays.

Educational assistants are employed by early intervention programs, schools, summer camps, childcare centres and other educational

organizations to provide learning support to students and general support to teachers and other professionals. In a school setting, educational assistants may:

- work under the supervision of one or several certificated teachers
- work with groups of students or individual students both in the classroom and in other settings
- work as part of a multidisciplinary team
- supervise students in structured (classroom) and unstructured (hallway, recess, lunch hour) settings
- assist with preparing materials and performing clerical tasks as required
- assist students to integrate into the classroom and school
- implement behavioural plans
- motivate and encourage students to participate in learning activities
- demonstrate activities, and set up and dismantle displays, work areas and play areas
- observe and report student behaviour and progress
- assist individual students with personal care
- facilitate and encourage positive student behaviours
- assist with special events and activities
- help individual children develop independence and life skills.

Educational assistants should enjoy working with people (especially students who have physical, emotional or behavioural disabilities), having clear rules and guidelines for their work, and finding innovative ways to handle situations. Creativity is essential, because educational assistants may need to search for and implement strategies that match a student's interests and learning styles.

Healthcare aides provide personal assistance and support services for people who are elderly, have a disability, or are living with an acute or chronic illness. Working under the supervision of a nurse or health professional, healthcare aides provide basic health services for clients who have medical conditions or major functional limitations. They provide the physical and emotional support clients need to be as independent as possible in communities, hospitals or continuing care facilities.

Healthcare aides may:

- assist clients with bathing, grooming, dressing and other personal hygiene activities
- feed clients and, when required, measure intake and output
- assist with bed transfers, lifting, turning, walking and crutch walking
- assist clients with therapeutic activities such as range of motion

6. CAREERS WORKING WITH PERSONS WITH DISABILITIES

exercises, medication administration and reminders, simple wound care, respiratory equipment use or urinary care

- implement therapeutic interventions for behaviour management
- ensure the safety of their clients, themselves and others
- communicate with clients, and observe and report on client condition.

Healthcare aides may work in specialized areas such as pediatric care, palliative care, dementia care or brain injury programs.

Mental health workers help people deal with personal and social problems by teaching related skills, and providing information and support.

Mental health workers work with a variety of clients on an individual basis or in groups. Duties vary considerably from one job to another but, in general, mental health workers:

- develop, organize and facilitate the delivery of mental health promotion and prevention programs
- assess client needs, identify problems and work with interdisciplinary teams to devise and implement treatment plans
- work closely with clients' families, physicians, psychiatrists, psychologists and other health providers
- act as advocates for clients and coordinate required services
- provide early intervention and appropriate referral services
- provide support for clients and their families
- help clients develop skills and strategies for successful living
- support individuals in participating in activities that maintain or increase their quality of life
- help clients manage medications
- maintain confidential records of client progress
- provide links between mental health services and culturally relevant programs and services
- address mental health issues in the community as a whole
- keep up-to-date with new developments in their field by reading professional literature, attending courses and seminars, and establishing and maintaining contact with other social agencies.

This work can be stressful and demands emotional maturity. Mental health workers may have to deal with incidents of aggression or other

behavioural problems. They should enjoy helping others, compiling information, maintaining contact with other agencies and developing innovative approaches to problems.

Occupational therapists enable people who experience obstacles (due to impairment of body structure, a change in function, or barriers in the social and physical environment) to participate in the activities of everyday life. In general, this involves:

- evaluating each person's level of functioning in areas of self-care, work, study, volunteerism and leisure
- developing intervention programs
- monitoring client progress, evaluating outcomes and changing programs as needed
- making recommendations—as an independent consultant or in conjunction with a multidisciplinary team of professionals—regarding client discharge, home or school management, transfer to alternate programs, integration into the community or return to work.

For example, occupational therapists may:

- enable people to learn new ways to perform daily chores, manage their finances or shop for groceries
- work with parents, teachers and other professionals to help children achieve success at home, in school and in the community
- adapt environments in schools, homes, workplaces and communities to assist people in their daily living (for example, by changing the layout of a home to make it more accessible or to prevent further injury)
- use assistive technologies—such as mobility devices and safety equipment—to promote participation in meaningful activities.

Some occupational therapists specialize in working with a specific age group or with clients with a specific disability (for example, arthritis, mental health problems or spinal cord injuries). Occupational therapists may also be required to supervise assistants.

6. CAREERS WORKING WITH PERSONS WITH DISABILITIES

Occupational therapist assistants help occupational therapists implement treatment programs that are designed to develop, improve or maintain a person's ability to function independently. They work under the supervision of occupational therapists to support their work with people whose abilities to function and adapt have been impaired by illness or injury, mental health disorders, developmental disorders, social disabilities or aging. Clients range in age from infants to the elderly.

Physiotherapists help people improve and maintain their physical performance and ability to function independently, prevent and manage pain, physical impairments, disabilities and limits to participation, and promote fitness, health and wellness.

Duties and responsibilities vary from one position to another but, in general, physiotherapists:

- assess a person's mobility, strength, endurance and other physical abilities to determine the impact of an illness or injury on physical function at school, work and play
- diagnose physical conditions and develop treatment plans to restore movement and function, and to reduce pain or limitations to mobility
- establish treatment goals with people based on physical diagnoses
- communicate with physicians and other healthcare professionals regarding patients' problems, needs and progress
- measure their patients' progress regularly and adjust treatment accordingly.

Physiotherapists should enjoy developing and implementing innovative health promotion programs and dealing with people.

Physical therapist assistants assist physiotherapists in the implementation of treatment programs designed to improve or maintain clients' abilities to function independently. Physical therapist assistants' duties vary. For example, they may work in outpatient clinics with clients who have orthopedic issues, in extended care settings with geriatric clients, or in hospital settings with clients who have a variety of disorders or who have undergone surgery. Whatever the setting, they work under the direction and supervision of physiotherapists. They should enjoy having clear guidelines and organized work methods, helping people and using therapeutic equipment.

Psychologists assess, diagnose and treat psychological, emotional and

behavioural disorders. They also research and apply theories relating to behaviour and mental processes. Psychologists are concerned with the study and management of human behaviour. Since the field is so broad, they usually specialize in particular areas. These can include, but are not limited to, the following.

- **Clinical psychologists** diagnose and treat emotional or adjustment problems in children, adults, families or groups. They assess and treat the psychological factors associated with mental health problems. They may use a variety of assessment methods to assess problems and to design, implement and evaluate treatment programs. Clinical psychologists may further specialize in areas such as:
 - ◊ adult or child clinical psychology
 - ◊ health psychology
 - ◊ forensic psychology
 - ◊ clinical neuropsychology.

Clinical psychologists spend much of their time in direct contact with clients and usually are employed in hospitals, clinics, mental health facilities, prisons or private practice.

- **Counselling psychologists** provide individual, group or family counselling services, and spend the majority of their time in direct contact with clients. They may use a variety of assessment methods to provide consulting services to schools, social service agencies and businesses. Counselling psychologists may be employed in clinics, community agencies, schools or rehabilitation centres or in private practice.
- **School psychologists** assess and treat children who have educational, vocational and emotional problems, or provide consulting services for schools on issues related to classroom management. School psychologists may be employed by school authorities or may work in private practice.

Recreation therapists work with people who have illnesses and disabling conditions, to improve their health and quality of life through leisure and recreation. Recreation therapists work with people who have physical, mental, emotional, cognitive or social limitations that may affect their attitudes, abilities and motivation to participate in leisure and maintain healthy, balanced lifestyles.

Recreation therapists:



Mariette Hartley

(born June 24, 1940)
Emmy award winner
Mariette Hartley was diagnosed with AD/HD and bipolar disorder. She established the American Foundation for Suicide Prevention and hosted many videos to help adults with AD/HD. Her videos helped many to cope with and manage the symptoms. She won an Emmy award for her role in the movie "The Incredible Hulk."

6. CAREERS WORKING WITH PERSONS WITH DISABILITIES

- help people to remove barriers that prevent them from participating in meaningful leisure
- educate people about the physical, mental, social and emotional health benefits of participating in recreation activities
- help people practise skills and improve their ability to participate in leisure and community activities as independently as possible
- work with people to maintain or improve quality of life and overall health despite illness or disability.

Recreation therapists work in collaboration with physicians, nurses, nutritionists, psychiatrists, psychologists, occupational therapists, physical therapists and social workers. They should enjoy working with people, developing and implementing innovative programs, and using specially designed equipment and techniques.

Social workers help individuals, families, groups, communities and organizations develop the skills and resources they need to enhance their social functioning and social environments. Specific duties and client populations vary from setting to setting.

Social workers may work in:

- family counselling agencies, providing assessment, counselling, treatment and referral services to individuals and their families in areas such as parenting and marriage counselling
- healthcare teams in hospitals, mental health clinics or home care agencies
- community health teams, working with patients and family members to overcome emotional, behavioural, social and financial difficulties
- correctional services, working with youth and adult offenders
- the education system, providing counselling and consultation services for students, parents and teachers
- government social service departments, delivering social policy and advocacy programs such as income support programs, child protection programs, childcare programs or foster care and adoption programs
- community agencies, developing prevention and intervention programs to meet community needs (for example, addressing problems such as homelessness, family violence, addictions or racism)
- residential settings, providing counselling, role modelling, crisis intervention, assessment, advocacy and referral services for children, adolescents, people with disabilities or the elderly
- employment assistance programs and private agencies, providing

employment-related assessment, counselling, treatment and referral services

- program development, organizational development and evaluation
- social research, planning and advocacy organizations
- community and economic development with disadvantaged groups
- international social work in developing countries
- settlement, immigration and other cross-cultural services for new Canadians
- assessment and counselling services, training seminars or services related to policy development, program planning, evaluation and research.

Social workers often divide their time between face-to-face contact with clients and completing assessments, case studies, plans and reports.

Work may include interviewing clients in their homes, family counselling sessions, group work, attending meetings and coordinating services with other helping professionals and community agencies. They often work in teams which may include audiologists, physicians, psychologists, other social workers, behaviour specialists, nurses, teachers, educational assistants, occupational therapists, physiotherapists, recreational therapists or speech-language pathologists and assistants.

Special education teachers work primarily with children who require specialized instructional services to help them learn and develop to their potential. However, all teachers need to have an understanding of student strengths and needs, and how to respond to them. Since many students with special education needs are taught in regular classrooms, much of the information included in this section also applies to all teachers.

Special education teachers must understand the unique characteristics of each student and choose or develop appropriate instructional programs and methods. Teaching techniques and methods vary with the particular needs of the child but, in general, special education teachers:

- work closely with parents and professionals from community agencies
- perform diagnostic assessments to determine student strengths and areas of need
- choose or develop specially designed instructional strategies and resources
- monitor student performance and assess each student's progress
- work with educational assistants.

Their working environments and responsibilities may vary considerably.

6. CAREERS WORKING WITH PERSONS WITH DISABILITIES

For example, special education teachers may:

- teach all or most subjects for a class of children who have a variety of disabilities or a particular type of difficulty
- meet with students from regular school classrooms on an individual basis or in small groups, and work in co-operation with classroom teachers to help children who have learning disabilities or other disabilities that affect learning
- travel from school to school providing tutorial services for students with hearing or vision loss, and providing consultative services for classroom teachers
- work with other teachers to adapt educational programming for individual students.

Special education teachers may need specific skills for working with children who have particular types of disabilities. For example, teachers of deaf and hard-of-hearing children must be able to use various sign languages, techniques and aids with which to communicate with their students. Special education teachers should enjoy finding different ways to solve questions and present information, and organizing and co-ordinating the work of others. Special education teachers often work in teams that may include audiologists, physicians, psychologists, social workers, behaviour specialists, nurses, educational assistants, occupational therapists, physiotherapists, recreational therapists or speech–language pathologists and assistants.

Speech–language pathologists work with children and adults to prevent, assess, diagnose, and provide treatment and counselling for speech, language, voice, fluency and swallowing disorders. Speech–language pathologists work with people ranging in age from infants to adults. They help clients restore and improve their ability to communicate or swallow properly. In general, speech–language pathologists:

- use a variety of formal and informal tests and procedures to assess and identify language, speech, voice, resonance, fluency and swallowing disorders
- develop and implement treatment plans
- provide consultation and intervention services
- counsel clients and families regarding communication and swallowing disorders
- design and employ augmentative and alternative communication strategies and devices
- consult with others (for example, educators or caregivers) regarding

speech and language stimulation, communication strategies and teaching strategies for children and adults with communication disorders

- consult with and advise other health professionals
- educate and supervise students, professionals and support personnel in a variety of work settings
- work with multidisciplinary teams to assess and treat clients
- participate in research and public education activities.

Intervention for developmental or medical conditions may involve a variety of activities including one-to-one therapy, group therapy or consulting with parents and others. Intervention goals vary depending on the situation. For example, the goal may be to make a client's speech understandable, foster language development or restore language use after a stroke.

Speech-language pathologists may specialize in working with people with a particular type of disorder (for example, stuttering) or with a particular age group (for example, pre-school children). They often work in teams which may include audiologists, physicians, psychologists, social workers, behaviour specialists, nurses, teachers, educational assistants, occupational therapists, physiotherapists, recreational therapists and assistants.

Speech-language assistants carry out treatment programs that are planned, directed and supervised by speech-language pathologists to improve client communication. Speech-language assistants work with people of all ages and in a variety of settings, so their duties vary from one position to another. They should enjoy taking a methodical approach to compiling information about client progress, instructing clients about ways to improve communication skills, and handling the equipment and materials used in therapy.

Characteristics needed by professionals

6. CAREERS WORKING WITH PERSONS WITH DISABILITIES

Most employers expect their employees to demonstrate competence in a number of areas. Certain common characteristics are shared by those who work in human services professions. The following is an overview of desirable competencies that support persons working with persons with disabilities should demonstrate:

- empathy and respect for the people they work with, along with the ability to show and maintain a positive attitude and focus on a person's capabilities, rather than his or her limitations
- good communication skills including well-developed listening skills and the ability to advocate effectively
- good written and communication skills, critical thinking skills, organizational skills and judgment
- the ability to work independently or as part of a team with other professionals
- the ability to find different ways to solve questions and present information
- the ability to organize and co-ordinate the work of others
- maturity, emotional stability, empathy and the ability to be non-judgmental
- high energy, patience, and sensitivity to and an understanding of beliefs and values not their own
- enthusiasm, persistence and the ability to motivate people
- integrity, resourcefulness and a belief in social justice
(<https://careerinsite.alberta.ca/careerinsite.aspx>).

Reflect

- What disability-related careers interest you? What strengths would you bring to those particular careers? What would you like to know more about?
- Based on what you've learned so far in this course, what skills for working with people with disabilities do you think are the most important? Do you feel you have those skills? Which ones would you like to develop further?
- How will you go about finding out more about the careers listed above, or about any other careers you may be interested in?

Experience

- Choose several disability-related careers of interest to you and find out

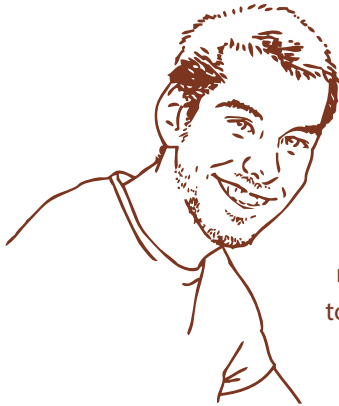
- more about them. What are their post-secondary requirements, if any?
- Interview at least two people working in the field of supporting persons with disabilities. What is their best advice for someone new to the field? What skills do they feel are most important?
 - Interview at least two individuals with disabilities. What is their best advice for someone going into the field? What skills do they feel are most important for someone who is providing services to them?
 - Compare the information collected from the support persons and from the persons with disabilities. What are the similarities and differences? Discuss them with your classmates and mentor.

ENHANCING INCLUSION IN THE COMMUNITY

“The message I’ll share ... is that inclusion is extremely important for kids with and without disabilities.”

— Clay Aiken

(from Betterworld.net, www.betterworld.net/quotes/disabilities-quotes.htm)



In this chapter I want to talk about inclusion. That means being included to whatever extent you can be—at home, at school, at work and in the community. That’s important to everyone, including those of us with disabilities. As a matter of fact, most of the youth I work with feel like they don’t belong anywhere, and that really affects how they see themselves and what they’re able to accomplish. I spend a lot of time helping them see their strengths so they can build on their confidence.

It doesn’t matter what career you choose. Whether you want to work as an educational assistant, a special education teacher, a community disabilities worker or a creative arts therapist, you will be helping the people you work with feel more connected, accepted and valued. Some of you will be working with very young people and some of you may work with older adults. The strategies we’ve included in this chapter will work with anyone, especially when you use them in a respectful and caring way.

Throughout this handbook we’ve talked about treating the children, youth and adults with whom you’re working with kindness and respect, focusing on what they can do, not what they can’t do. In this chapter we’ve included some strategies that you can use to do this. We have also included a section on how to motivate the people you’re working with and help them learn and understand the importance of setting goals, and of learning basic skills, such as healthy nutrition, shopping for groceries, getting around in the community and taking care of themselves.

Inclusion: What it means

The term “inclusion” can refer to an approach, an attitude, a process or a service. The philosophy of inclusion:

- embraces the fair treatment of all individuals and groups in society
- emphasizes that society’s benefits should be shared by all
- recognizes that society is enriched by diversity
- celebrates difference
- values all persons as unique, contributing members of society
- provides community members with the opportunity to make informed choices.

A community can refer to:

- a physical place, such as:
 - ◊ a city, town or neighbourhood
 - ◊ a workplace
 - ◊ a school
 - ◊ a place of worship
- a group that shares common:
 - ◊ experiences
 - ◊ interests
 - ◊ pastimes
 - ◊ beliefs
 - ◊ cultures
 - ◊ values.

For example, a community can be an individual’s family, friends, sports team, choir, book club members or walking partners. Whenever two or more people share a common purpose or interest, a community is formed.

Communities are inclusive if they are accepting of all members and provide opportunities for all community members to be active in and contribute to the community. Inclusive communities embrace diversity and support full participation of members who encounter challenge, including the active and meaningful involvement of a variety of groups.

(Alberta Centre for Active Living—www.centre4activeliving.ca/physical-activity-for-all/inclusive/what.html)

Strategies for successful inclusion



Marla Runyan

(born January 4, 1969)
Marla Runyan is a marathon runner who is legally blind. She is a three-time national champion in the women's 5,000 metres. Runyan's career as a world-class runner began in 1999 at the Pan American Games, where she won the 1,500-meter race. The next year, she placed eighth in the 1,500-meter in the 2000 Sydney Olympics, making Runyan the first legally blind athlete to compete in the Games and the highest finish by an American woman in that event. In 2002 she finished as the top American at the 2002 New York City Marathon with a time of 2 hours, 27 minutes and 10 seconds to post the second-fastest debut time ever by an American woman.

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- **Create an understanding and appreciation of each individual's strengths and needs.**

Having a strong sense of identity and self-awareness gives people inner strength and confidence. Depending on each person's capacity for understanding, look for ways to help him or her understand and work with his or her own unique strengths and learning needs. Here are some specific tips.

- ◇ Emphasize the positive. Recognize, nurture and build on the person's strengths. Set up situations where these strengths can be shared with others. Encourage the person you are working with to stay focused on his or her strengths in order to counterbalance the challenges.
- ◇ Express appreciation and acknowledgement. Hearing these things from others builds greater confidence to try new and unfamiliar skills or tasks. All people have abilities, and there are many ways to recognize and nurture these.
- ◇ Explain that each person learns at his or her own speed, in his or her own way. For example, some people learn best by hearing material presented to them and some prefer to read or look at what they are expected to learn.
- ◇ Use terms and language an individual will understand. Stress that the person is not alone with his or her difficulties. Friends, parents, relatives, school staff and community members can all help with support and learning.

- **Offer encouragement.**

- ◇ Be prepared to help, but try to strengthen independence whenever possible. Offer encouragement and support to build the individual's self-confidence. Be specific and descriptive in your praise. For example:
 - o "You did a great job of ..."
 - o "I see you learn much better when ..."
 - o "I have noticed improvements in ..."
 - o "Let's work together to ..."
 - o "I appreciate your hard work and efforts in ..."
 - o "How can I help you ...?"
 - o "I see a lot of work went into ..."
 - o "Thank you for sticking to the task of ..."
- ◇ Tips for offering encouragement:
 - o Avoid comparisons with others.

- o Create and support opportunities for individuals to learn new skills, such as playing a sport or learning a craft. All persons need to feel competent and capable.
 - o Create and support opportunities for individuals to experience the joy of helping someone else.
 - o Help the person you are working with take pride in his or her ethnic and cultural background.
 - o Establish and communicate consistent behavioural expectations. This will help children, especially, to feel more secure and be better able to handle a range of social experiences.
 - o Instill a “can-do” attitude to help individuals develop the confidence to try new things. When they are unsuccessful, try to help them view the episode as a learning experience rather than failure by asking, “What did you learn from this?” and “What would you do differently next time?”
- **Encourage involvement.**
 - ◇ Discuss ideas for handling possible difficulties with peers, work colleagues, and so on, and role-play ways to handle difficult situations.
 - ◇ Describe the assistance the person you are working with will be receiving in a concrete, realistic, positive manner.
 - ◇ Seek additional resources for support and information, if needed. Assist individuals in accessing these resources and in self-advocating for their own needs.
 - ◇ Encourage individuals to be active participants in their team by participating in any meetings, conferences or planning sessions.
 - ◇ Help them set realistic goals, as appropriate.
 - **Help individuals develop decision-making skills.**

Confidence comes from having the problem-solving skills to make sound decisions in life. All people need a repertoire of skills to help them deal with varying challenges. Encourage the use of a simple problem-solving model, such as the following, to help them work out problems.

 - 1) **Identify the problem.** Have the person state the problem in his or her own words. You may need to ask questions to help them do this.
 - 2) **Generate possible solutions.** Don’t judge any of the ideas. Encourage the person to generate several solutions.
 - 3) **Narrow the choices.** Eliminate options that make them uncomfortable or that may not be manageable.

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- 4) **Weigh the pros and cons** of the remaining solutions and then decide on the best choice. Ask, “What might happen if you tried that?”
 - 5) **Talk about how to act on this decision** and how to handle any problems that may arise.
 - 6) **Act on the decision.**
 - 7) **Evaluate the decision.** How well did the solution work? What could be done differently next time? What did you learn?
- **Build communication skills.**
Strengthening communication skills can increase people’s opportunities to become confident, independent and successful. Effective communication skills can allow them to express their needs and wishes, and to develop positive social relationships at school, at home and in the community.

Here are some tips for building communication skills.

- ◇ Encourage the person you are working with to express his or her needs, wants, ideas, feelings, thoughts and views while you listen actively. Offer a word or two to encourage communication. When genuine listening skills are modelled, individuals will likely be able to reflect them in their interactions with others.
 - ◇ Encourage individuals to ask questions.
 - ◇ Provide opportunities for the person you are working with to communicate with a variety of people—neighbours, extended family, younger children or professionals.
 - ◇ Use role-playing to practise communication in different situations.
- **Help to foster friendships.**
Individuals may need encouragement and support in developing

friendships. By interacting with others, individuals learn to resolve their own conflicts, understand social boundaries, gain awareness and appreciation of others, and develop sensitivity to the unique needs of those around them.

Here are some tips that support the development of friendships.

- ◇ Discuss the elements of friendship—respect, trust, acceptance, enjoyment.
- ◇ Suggest groups, teams or organizations they might join—often friendships are forged in group settings in which people share common interests.
- ◇ Encourage individuals to ask questions of and show interest in others.
- ◇ Consider peer mentors to provide assistance to the person you are working with. Peer mentors—whether in school, at home, at work or in the community—can help individuals who need extra support develop social and friendship skills. Peer mentors can serve as role models, information sources, study buddies, social friends and work colleagues. Because they speak the same “language” and often have similar experiences, peer mentors can contribute to relaxed learning, work and social environments. Peer mentors must be carefully matched with individuals to ensure a successful relationship.

- **Encourage self-advocacy.**

Self-advocacy means speaking out and taking positive action to make your own situation better. People first learn self-advocacy skills by observing how parents, school staff and others such as community disability workers advocate on their behalf. Modelling effective and collaborative advocacy skills is a wonderful way to prepare children for their eventual role in self-advocacy.

Children who learn self-advocacy skills when they are young are better equipped to become independent adults. Children who are strong self-advocates need to have a good understanding of how their disability affects their learning, health, social and emotional well-being and all other aspects of their lives.

Here are some tips for teaching and encouraging self-advocacy skills.

- ◇ Discuss the strengths and needs of the person you are working

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with, and make observations about how he or she functions best in school, at home, at work or in the community.

- ◇ Involve individuals in conversations about program planning—just by listening, an individual can learn about collaboration and problem solving.
- ◇ Include individuals in meetings as soon as possible—at school, in the home, at work or in the community. Ensure your client has time during these conferences to report progress and express concerns.
- ◇ Help individuals prepare for conversations with others or meetings that involve them.
- ◇ Take the time to help individuals decide and write down what they would like to discuss prior to any meetings. Model and role-play appropriate interactions and help them problem solve issues that may arise—before they arise.
- ◇ Involve the people you work with in reviewing their own progress—making adjustments as necessary and appropriate—and in celebrating their achievements.
- ◇ Help them be organized and prepared. Self-advocates need to be informed and organized in order to be effective.
- ◇ Understand that self-advocacy skills need to be demonstrated, role-played, practised and evaluated.
- ◇ Provide extensive guidance in the middle school/junior high years, with greater expectations for independence in the high school years.
- ◇ Recognize how difficult self-advocacy can be and support the attempts that each person makes. Work collaboratively with others to support and encourage their self-advocacy efforts.

Health and self-care

In order for people with disabilities to experience successful and positive

inclusion in school, work and community, focusing on positive health and self-care is key. The following strategies can be used to assist the people you're working with to develop or continue using positive habits that will help them all of their lives.

Here are some strategies you can use to develop positive health, hygiene and self-care habits.

- If appropriate, help the person you are working with develop an understanding of the importance of good grooming through discussion, brainstorming of benefits, and describing or illustrating examples of both good and poor grooming habits. Discuss what people have control over—for example, they may be able to choose to wash their hands during the school day—and what they don't have control over—for example, they may not always have access to clean clothes.
- Help them develop routines that promote and facilitate good grooming habits, such as providing time for hand washing throughout the school day or modelling it before eating at home or in a restaurant.
- Help them develop an understanding of the importance of hygiene habits through class discussion, brainstorming of benefits, and describing or illustrating examples of personal hygiene habits, such as frequent hand washing, covering one's mouth when sneezing or coughing, using tissue to blow one's nose, refraining from touching one's nose and mouth, keeping objects out of one's mouth, covering cuts and sores, and not sharing personal items such as water bottles or lip balm.
- Look for natural opportunities throughout the year (such as at the beginning of cold and flu season) to reinforce good personal hygiene habits.
- Collaborate with the person you are working with to develop visual reminders of the positive personal hygiene habits he or she is working on developing. This could be a card he or she carries, a poster in his or her bedroom or bathroom, or a poster in the classroom that helps all students remember what they are to do.
- If necessary, provide a supply of combs, toothbrushes or other grooming and/or personal hygiene items for individuals' personal use, that they can keep at school, home or work.
- If poor grooming or personal hygiene is interfering in an individual's relationships with others or posing a health risk, collaborate with other appropriate personnel to develop strategies that will help the person with whom you are working improve his or her grooming and/or personal hygiene skills.
- If necessary, work with the individual or in small groups to teach, practise and review specific and targeted skills related to grooming

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and/or personal hygiene.

- Work with individuals and appropriate personnel (teachers, parents, employers, and so on) to develop low-key cues and prompts as on-the-spot reminders for targeted hygiene-related behaviours, such as using a tissue or keeping objects away from the mouth.
- Develop personalized checklists to reinforce these skills and habits, and place them where they can be seen and used independently. Some individuals may wish to carry these checklists with them.
- In some cases, an individual may need one-on-one adult support for toileting and/or other aspects of personal care. This support should be provided as unobtrusively and naturally as possible, with minimal interference to learning and social opportunities. In addition, the adult providing this one-on-one support should collaborate with the individual's support team to identify and facilitate as many ways as possible to create opportunities, provide strategies, modify activities, and adjust and/or fade support so the person can experience some degree of independence throughout the day.
- In some cases, building modifications may need to be considered to provide privacy to individuals with medical and/or physical personal care needs.

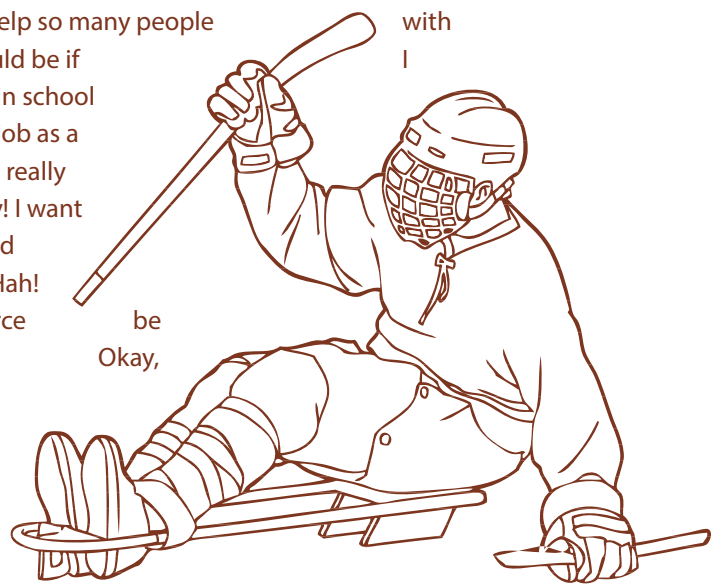
Using assistive technology

Hi! It's me, Tyler, again. I wanted to personally talk with you about assistive

“Acceptance. It is the true thing everyone longs for. The one thing everyone craves. To walk in a room and to be greeted by everyone with hugs and smiles. And in that small passing moment, you truly know you're loved, needed, and accepted.”

— Rena Harmon

technology. I love it because it can help so many people with disabilities. I don't know where I would be if I hadn't been able to use a computer in school for all those years. And now—in my job as a meteorologist—well let's just say I'm really comfortable with all that technology! I want to share some examples with you and then tell you my own hockey story. Hah! What would a good Canadian resource be without a hockey story? Okay, here we go ..."



What is assistive technology?

Ironman (the comic book character) had a heart that did not function properly; he created an arc reactor device to enable him to live. Using this high-tech pacemaker, Ironman was able not only to survive but to achieve great accomplishments and help all of humanity. Assistive devices come in many forms and shapes, and help people of all abilities.

Assistive technology (AT) is a generic term that includes assistive, adaptive and rehabilitative devices for people with disabilities. AT promotes greater independence by enabling people to perform tasks they were formerly unable to perform or had great difficulty accomplishing. AT can also provide enhancements or changes to the ways people interact with the technology needed to accomplish such tasks.

http://en.wikipedia.org/wiki/Assistive_technology

Short-term investment in AT will have a positive long-term return not only for the person with disabilities but also for others, such as fellow employees. For example, purchasing voice dictation software such as “Dragon Naturally Speaking” (DNS), so a person with no hand function can type, gives that person the ability to be proficient in their work. It could also allow the individual to teach other employees in the company how to use DNS and increase the overall productivity of the company.

Assistive technology success stories

AT has been supporting people with disabilities for many years, helping them in their everyday lives as well as contributing to their employment

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successes. Here are two examples of persons with disabilities who have used AT to support employment success.

Guy

At the age of 17 Guy became a quadriplegic, unable to move his body voluntarily from his chest down. With the support of various AT devices, he completed the social work program at what was then Grant MacEwan Community College (now Grant MacEwan University) and began working for the Canadian Paraplegic Association in 1985. Using a simple AT, a customized mouth guard with an attached stick, Guy is able to read client files, type and complete various other job tasks. It is amazing to watch the speed with which he types with the mouth stick.

He currently works as a manager of the client services team in Edmonton and the community access team in Alberta, and recently celebrated his 25th anniversary of working for the Canadian Paraplegic Association, Alberta.

Peter

Peter is legally blind and has been working for the Canadian Pacific Railway for more than 24 years as part of CPR's information technology team. He holds a degree in Systems Design Engineering from the University of Waterloo and has held a variety of positions within CPR's IT department over the years, including systems architect, programmer and database administrator.

While Peter's visual impairment has affected the way he performs his work, it has not impacted its quality. He was provided with the JAWS "screen reader," an adaptive program that converts text into speech.

Over the years, the software Peter uses in his day-to-day work has improved to the extent that if you were working over the phone with him, you would never know that Peter cannot see. The only area in which the screen reader is not effective is with pictures, which the program is unable to convert to speech.

Peter has stated, "Through the use of this adaptive technology, I have earned a place as a successful, contributing member of the workforce, which has further enabled me to become an active and participating member of society at large."

These are only two of the many employment success stories about persons with disabilities. With the help of AT, employers add an efficient and effective employee to their workforce and set an example for other

employers interested in recruiting team members from this highly skilled demographic.

Assistive technologies are supportive tools that allow persons with disabilities to achieve their full potential, whether it's obtaining employment or becoming an armoured superhero.

(Article on Assistive Technology from the Disability in Focus newsletter, written by Kuen Tang, council member — www.seniors.alberta.ca/premierscouncil/docs/difnewsletter201011.asp)

Tyler

Both my brother and my sister are really great athletes. Growing up I wanted to do something athletic as well, so I ended up getting involved in hockey—not just any hockey, mind you, but sledge hockey. Let me tell you a bit about it. According to Wikipedia, sledge hockey (known as sled hockey in the United States) is a sport designed to allow participants with a physical disability to play the game of ice hockey. Ice sledge hockey was invented in the early 1960s at a rehabilitation centre in Stockholm, Sweden. It is currently one of the most popular sports in the Paralympic Games.

Did you know that the 2006 Paralympic Games in Torino, Italy saw the gold medal go to Canada, the silver to Norway and the bronze to the United States? At the 2010 Paralympic Games in Vancouver, British Columbia, Canada, mixed male and female teams competed in the tournament for the first time; prior to that, only men had been permitted to compete.

Essentially all of the regular rules in able-bodied ice hockey leagues apply to ice sledge hockey. The only differences are those necessitated by the ice sledge and the athlete. The first set of international rules was created in 1990 and was drafted from Canadian rules. The entrances from the ice to the players' and penalty benches are built flush with the playing ice so that players can go back and forth without the help of a coach or able-bodied person. Additionally, the surface areas inside the players' and penalty benches are made of smooth plastic or ice, to avoid damage to the players' sledges.

All players' ice sledge hockey equipment—including sledges, sticks, helmet, skates (if applicable) and other protective gear—is required to follow the standard set by the Hockey Equipment Certification Council,

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Inc. Ice sledge hockey sticks have a blade curved at one end in a manner similar to the blade of a regular ice hockey stick, as well as six to eight metal teeth at the opposite end of the blade, for manoeuvring and propulsion. Movement is achieved by using the metal teeth to grip the ice and push oneself forward. The metal teeth cannot be too pointy, nor can they protrude farther than one centimetre beyond the stick, to prevent damage to the ice or injury to other players. (http://en.wikipedia.org/wiki/Sled_hockey)

So I play on a sledge hockey league—and what a workout! My father wanted to try it once to see what I was experiencing. “Never again,” he said afterward. I really enjoy playing with my teammates and I even met my current girlfriend at the rink. But, hey ... that’s another story. The moral is—even if you have difficulty walking like I do you can still participate in sports. You just have to do it differently ...

Working collaboratively

Working collaboratively in the community is critical for successful inclusion. If you are a community support worker you may be working

“I know there is strength in the differences between us. I know there is comfort where we overlap.”

— Ani DiFranco

primarily to support a person living in a community home learn to shop for groceries, ride the bus or manage his or her finances. If you are a teacher you may be helping a student prepare for transitions from school to post-secondary training. Or, you may be a daycare provider who usually has contact with the child's parents.

No matter what role you play in the life of a person with disabilities, working collaboratively with others can help the individual be successful in whatever environment he or she is in. One measure of successful team collaboration is when the person with disabilities is adapting and thriving at home, school, work or the community.

Creating a successful team takes time, effort and commitment. The relationships we create are strongest when built upon trust, knowledge and common goals. Everyone involved is impacted in a positive way through the creation of powerful relationships and collaborations. Such relationships are critical for helping people with disabilities.

The person's strengths, needs, hopes and dreams help determine who should participate in collaborative team meetings. Team members surrounding the person can include a variety of people such as the caseworker, caregiver(s), educators, families, the persons themselves and others as appropriate. Some people may wish to include a persons they feel close to as part of their team, such as a trusted teacher, support staff person, coach, friend or community member.

By helping persons with disabilities in a positive and proactive way, the team not only helps prevent crises in their lives but also helps them become independent, capable, confident individuals who experience success in life.

Safety considerations

Crisis management interventions

The best way to deal with a crisis is to plan well to prevent one. For

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example, some individuals with emotional or behavioural disabilities can become very agitated. It pays to have a crisis management intervention plan ready.

All people working with the individual should be aware of and understand the plan. A crisis plan will ideally be developed by the whole planning team, including family members. The plan may include:

- proactive strategies to prevent or de-escalate crisis
- a description of the signals that indicate a crisis situation is developing; e.g., individual appears agitated, mumbles threats
- a strategy for preventing injury to the student, peers and staff in all settings in which a crisis may occur; e.g., moving individual to a safe place
- provision of appropriate training for staff who will carry out the plan, with opportunities to practise the interventions required
- record keeping, for monitoring use of the crisis plan and evaluating its effectiveness.

Physical intervention is not a behavioural management strategy—it is a crisis management technique. Physical interventions are not designed to reduce the frequency or severity of negative behaviours but to ensure the safety of a person who is out of control and the people surrounding him or her. These interventions should be used by trained personnel only in emergency situations where safety is an issue.

When working with people with disabilities, it is important to consult with supervisors or program administrators to determine which interventions are approved for use, what training is available and what documentation is required.

Celebrate successes

Taking the time to celebrate successes helps both you and the individuals you work with to maintain a positive and hopeful outlook. It's not always easy to learn new things and to accomplish the multitude of skills that are

needed to be successful at home, school, work and in life. As each goal is accomplished, take the time to celebrate and acknowledge the success of the individual who has worked so hard to achieve it. It may be meeting for a cup of coffee, making a positive phone call to a former teacher or simply giving a pat on the back or a handshake for a job well done.

While you're at it, be sure to recognize the contributions you have made to the well-being of those who you work with and care for. Choosing to believe that you are making a positive difference in their lives will help you to get through difficult times, and appreciate and celebrate the good times.

Reflect

- Think about the strategies you read about in this chapter. Which ones do you feel comfortable with? Which ones do you think you can use right away?
- What does inclusion mean to you? How would you and your friends change what you're doing to include a friend who is in a wheelchair? What would you change so he or she can participate in your plans?

Experience

- Go to www.bullyfreealberta.ca and watch the videos on that site. How were the children who had disabilities included in the activities? Do you agree with the "S-Team Heroes" in what they did? How did you do in the games? Discuss with your classmates.

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- Borrow a wheelchair and spend the day in it as you go about your community. Which parts of the community did you find accessible? How did people react to you?
- Spend the day with someone who works with people with disabilities in your community. What advice do they have to offer about including people with disabilities in the community? What are your thoughts and experiences as you spend the day with them?
- Talk with someone with a disability. What challenges does he or she face? What successes has he or she had? What would he or she change if he or she could?

PLANNING FOR TRANSITIONS

“Disability is a matter of perception. If you can do just one thing well, you’re needed by someone.”

— Martina Navratilova



I’m so happy that I’m doing this section! I’ve been going through so many changes trying to decide what I want to do with my life, going to school and working, that it makes me dizzy. Luckily, I have Tyler and Marie to help me think through some of these decisions. Even though my foster parents are fabulous and helpful, going through transitions can be tough. I thought that if I did this chapter I would also be helping myself.

This section really will focus on young people as they transition from school, to work, and to a more independent life. However, the transition planning process discussed here applies to anyone no matter what their age. All of us go through transitions at different times in our lives. With help and support it can be much, much easier. I hope this information will help you as you plan your own transition to adulthood, and help others plan theirs.

Transition planning: What is it?

A transition is any event that results in changes to relationships, routines, expectations or roles. Transitions are a normal part of life and occur throughout the life cycle. For children, transitions occur at various times during their education programs. Starting school, moving from grade to grade and changing schools are common transitions for children. While any child can have difficulty with transitions, children with special needs may have greater difficulty managing at such times. To minimize these difficulties, thoughtful transition planning is important.

Transition planning is a consultative process. It involves students, parents,

other professionals, receiving school staff and community agencies, as appropriate, in enabling students to prepare for and successfully make changes (at school entry, between grades/levels of schooling and upon school completion).

Transition is a challenging and complex process, particularly for individuals with disabilities who have to overcome additional barriers. For example, compared to youth without disabilities, youth with disabilities sometimes take longer to complete high school or have more difficulty doing so, and they are more likely to be unemployed.

These challenges are accompanied by a lack of information and understanding about the support services available and a system-wide lack of integration and coordination. Further, there is a lack of culturally sensitive services for Aboriginal youth with disabilities and for youth with disabilities from other ethnic and immigrant groups.

As children move through the education system, they need to become more involved in planning their own transitions. Involvement in the planning process helps children develop an understanding of their strengths and needs. Transition planning also helps children become aware of the types of supports and accommodations available to them in dealing with their learning difficulties, and provides opportunities for them to develop much needed self-advocacy and problem-solving skills.

Every person has the potential for benefiting from some type of post-secondary education or training. Planning for post-secondary studies begins as soon as children express an interest in the kind of work they would like to do when they grow up. However, transition planning should focus not only on the academic skills needed for success, but also on helping children develop the ability to problem solve in new situations, monitor and regulate their own performance, and interact appropriately with peers and authority figures.

Successful transitions depend on:

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- early and systematic planning
- consciously identifying hopes and dreams
- thoroughly exploring a variety of possibilities
- using appropriate strategies to help the child move from one stage to the next.

Transition planning decisions need to be based on an understanding of the individual person and should be dynamic and ongoing, since preferences and circumstances regarding transition objectives may change over time. A written record should be kept of transition planning, including transition goals and strategies.

A cross-ministry working group, under the mandate of the Alberta Children and Youth Initiative (ACYI), facilitated development of a Transition Planning Protocol for Youth with Disabilities, which recognizes the importance of addressing the transition process for youth with disabilities. The protocol specifies:

- the transition planning process
- the components of a transition plan
- the shared commitment of Alberta government ministries and their partners to youth with disabilities and their families during the critical period of transition to adulthood.

Literature review: Best practices for transition planning

A review of literature was undertaken to gather information on best practice for transition planning for youth with disabilities. The literature is consistent in recommending six best practice characteristics for transition planning for youth with disabilities:

- 1) Person-centred planning
- 2) Youth involvement
- 3) Family involvement
- 4) Community involvement
- 5) Identification and use of a transition coordinator
- 6) Interagency collaboration.

Overall, the literature supports the position that youth with disabilities benefit from formalized and inclusive processes to support their successful transitions.

Here are some essential components for supporting successful transitions

in children and youth.

- **Ensure basic needs are met.**
 - o Address safety and security, physical and emotional needs.
 - o Foster self-esteem and a healthy identity by meeting needs on an individual basis.
- **Maintain and encourage positive relationships.**
 - o Facilitate continuity within relationships that will provide consistency during change.
 - o Create opportunities to foster positive peer relationships—for example, working in groups, participating in positive recreation and encouraging sportsmanship.
- **Provide support and resources to youth in their new environment, and modify or adapt routines, as appropriate.**
 - o Identify a mentor or role model in the new environment. This should be an adult that the youth can access with questions and for support.
 - o Be aware of current resources in order to ensure support is in place for a transition. Be diligent and flexible in discovering and accessing resources.
 - o Pay special attention to routines and environment; modify routines or environment to meet individual needs, especially for youth with disabilities.
- **Provide choices and involve youth in the transition process to promote and support self-advocacy.**
 - o Help the youth to identify hopes, wishes, dreams and ambitions, and to make plans to reach these goals.
 - o Provide choices and involve the youth before, during and following the transition.
 - o Allow for meaningful participation in organizing, planning and goal setting. This helps the youth take responsibility for his or her actions.
 - o Increase the youth's capacity to problem solve and self-advocate.
 - o Tools to support self-advocacy include fostering self-awareness in youth, helping them understand their personal needs and helping them identify sources of support such as family or peers.
 - o Assess and reassess a youth's skills and strengths, and build on his or her positive attributes.

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- **Support the need for increased independence and help youth create their own identities.**
 - o Respect the youth's desire for increased independence and find a balance between independence and adult guidance.
 - o Target services by being culturally aware, as culture may be a key component of self-identity. For example, ensure that supports and services for Aboriginal youth are consistent with their culture.
- **Ensure that all transition plans are coordinated and integrated, and that information is shared with parents and across sectors.**
 - o Involve parents and other adults in a youth's life through networking, cooperation and coordination.
 - o Help parents and youth understand the importance of sharing information from one program to another to help enhance services and ensure a more seamless transition.
 - o Be proactive in facilitating coordination across existing programs and services to prevent service gaps in the youth's transition process.
 - o Provide relevant information to parents and caregivers. This may include information on health and school or community resources.
- **Prepare for transition and ensure consistency within and between environments.**
 - o Plan early and establish timelines for action.
 - o Facilitate the youth's contact with the new environment, program or service.
 - o Promote consistency and realistic expectations from one environment to another.
 - o Ensure these expectations include those that youth have for themselves, as well as those of their parents and other supportive adults.

Here are some key principles used to guide the overall transition process.

- The youth and his or her family, who are going through transition, are the key players in the transition process.
- The planning process focuses on the youth within his or her family and natural support network.
- The planning process focuses on the strengths and abilities of the youth.
- Youth with disabilities may access supports that enable them to fully participate in and contribute to the community (community inclusion).
- Youth with disabilities have choices in terms of the kinds of transition supports they receive and how and where they are provided.

- Changes in the needs of the youth, based on alterations of his or her natural support networks, are considered on an ongoing basis.

Transition expectations

It is expected that the transition process will:

- begin early (between 13 and 16 years of age) for transitions from high school (others may suggest that, for some long-term goal setting, the transitioning process begin as soon as youth start school)
- involve and support youth and their families as key players
- view the youth as a member of the community rather than a client of a particular service
- be flexible in allowing youth and families to express wishes, dreams and new opportunities
- be a natural and seamless progression from youth to adulthood
- be a collaborative responsibility of youth/family, the key ministries and the government programs available to youth and adults with disabilities, government-funded agencies, service providers and relevant community partners.

Transition planning protocol

Transition Planning Protocol outlines a transition process, involving the following steps:

- Step 1: Identify youth who will be transitioning.
- Step 2: Identify the transition planning team.
- Step 3: Gather information for the plan.
- Step 4: Develop the plan.
- Step 5: Implement the plan.
- Step 6: Review and update the plan.

Step 1: Identify youth who will be transitioning.

Youth with disabilities who may be covered by the protocol are those



Terry Bradshaw

(born September 2, 1948)
Terry Bradshaw was one of the best football players in the US. A quarterback for the Pittsburgh Steelers, he led his team to victory in four Super Bowl games. Later in life he was diagnosed with clinical depression and AD/HD. Currently he works as a football analyst and is a co-host on Fox NFL Sunday.

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youth between the ages of 13 and 25 with impairments that limit their ability to participate in daily activities at home, in school, at work and in their communities. This may include youth who have cognitive, communicative, sensory, social/emotional/behavioural, physical/motor, self-help (adaptive) and/or exceptional health needs. A broad definition of disability will allow youth to participate regardless of their ability to meet admission criteria for various services and programs.

As the transition process starts early, education providers play a key role in identifying youth for transition. It is important that youth who may be outside the education system are included and offered the option of developing a transition plan. As such, other groups who can help identify youth and provide a coordination role are foster parents, teachers, social workers, child intervention caseworkers, mental health therapists, healthcare providers and other service providers. Parents and youth can also self-identify the need for development of a transition plan.

Youth and parents may opt out of the planning process if they so choose.

The person or persons who identify the youth and the need to develop a transition plan take a lead role in assisting with Step 2, setting up the transition planning team. It is expected that this individual will ensure an approach is used that involves everyone in the process, and that representatives from all key sectors as well as other relevant individuals are considered for inclusion in the process.

It is also expected that members from all key sectors who are currently involved with the youth will be committed to the transition planning process. In addition, it is expected that members from key sectors who may become involved with the youth after he or she turns 18 will be receptive to involvement with the youth prior to the age of 18, to assess eligibility for programming or to help determine availability of other options as necessary.

Step 2: Identify the transition planning team.

The Team

The transition planning team will be composed of individuals who play

a role in the youth's life or who may play a role when the youth becomes an adult. The team will include the youth, his or her parent(s)/guardian(s) and a variety of others, depending on the particular circumstances of the youth. This will include relevant family, organizations, service providers and ministry staff and may include, for example:

- friends and other members of the youth's informal network
- Elders
- school personnel and tutors
- cultural groups
- social workers (for example, Intervention, Assured Income for the Severely Handicapped)
- Family Support for Children with Disabilities (FSCD), Persons with Developmental Disabilities (PDD), mental health therapists, probation officers and other service providers
- community members (church groups, neighbours, coaches, mentors, and so on)
- community-based service providers
- service agency representatives
- post-secondary educators
- business and vocational providers
- other people who can contribute to the plan
- representatives of adult services
- experts in specialized assessment/evaluation.

From the group of participants an individual will be selected as the facilitator/navigator/coordinator. The youth or a family member may choose to take on this role. This person will coordinate the transition planning process.

Members of the team are expected to contribute to the development of the plan. In addition, it is expected that team members will participate in updating the plan as required.

Step 3: Gather information for the plan.

In gathering information to be used in the plan, it is important to build on existing information—updating rather than recreating the information.

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This will require that participants share information.

To facilitate information gathering, the planning team may choose to use transition planning tools such as PATH (Planning Alternative Tomorrows with Hope) or MAPS (Making Action Plans), both of which are available through www.inclusion.com. Reader-friendly materials should be made available (in a variety of formats, including print, web-based or presentation) to facilitate the planning process. Many students with disabilities may have a school-based individualized program plan that could act as a foundation document for the transition plan.

Step 4: Develop the plan.

The youth and family, in collaboration with the transition planning team that is established for the youth, develop the transition plan. Areas included in the plan may vary significantly for each individual youth depending on his or her situation; however, it is expected that some element of each area will be developed as part of the plan.

With the exception of the youth's identifying information, the following five questions can be considered for each area identified for the plan:

- 1) What are the youth's goals?
- 2) What skills or behaviours does the youth need to learn to reach his or her goals?
- 3) What local programs, services and supports are available to support these goals?
- 4) What responsibilities must the youth, school, adult services, cultural and community agencies, and the youth's family assume in order for the youth to reach her or his goals?
- 5) What gaps or barriers exist that must be addressed within current programs, services and supports?

The plan will be individualized, future-oriented and developed in the language of choice of the youth and his or her family, where possible. The plan will focus on the abilities and strengths of the youth and on how these can contribute to his or her dreams, goals and desires.

The plan will include the assignment of responsibility for tasks to members of the planning team, as decided by the team. The plan will be reviewed using the question, "Will the specifics of the plan move the youth toward his or her desired dreams and goals?" Adjustments will be made

as required, to ensure this criterion has been met.

Step 5: Implement the plan.

Once the plan is developed, the youth will be supported in implementing the plan. As part of the assignment of responsibility for tasks, the team will determine how the various members will contribute to the implementation process. As well, during the development of the plan, other individuals may be identified as active participants in the youth's transition plan. These individuals will be engaged in the implementation of the plan as required.

Step 6: Review and update the plan.

The youth and the transition planning team will determine a schedule for reviewing and updating the plan. The group will reconvene as scheduled, review the plan and make any suggested adjustments. Creativity and flexibility in reviewing and making adjustments to the plan on an ongoing basis are encouraged. New information, ideas and progress by the youth will be considered. It is expected that the plan will be reviewed on an annual basis, at a minimum.

(Adapted from *ACYI Transition Planning Protocol for Youth with Disabilities* — www.seniors.alberta.ca/disabilitysupports/documents/TransitionPlanningProtocol.pdf)

Reflect

- How could you adapt this transition planning protocol to meet the needs of any person with disabilities?

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- What are the most important components of the transition plan to you, personally? Would this be the same or different if you were the support person or the person with disabilities?
- Why do you think the ministries all came together to develop this protocol? What would be the best way to get this information out to students or people who need it?

Experience

- Develop a template for a transition planning document. Complete it with a classmate and see whether you might add or subtract any things or processes.
- Interview a person with disabilities to see how he or she feels the transition processes have gone in his or her life. What would he or she have liked to have improved? What was good and worked well for him or her? What advice does he or she have for you as a future support person?
- Talk with your mentor to see if you can attend and observe a transition planning conference. Ask your mentor what his or her experience has been over the years with regard to helping persons with disabilities with the transitions throughout their lives.



Stephen Hawking

(born October 8, 1942)
Professor Stephen Hawking has lived for more than 40 years with serious disabilities. The internationally renowned physicist has defied time and doctor's pronouncements that he would not live 2 years beyond his 21 years of age when he was diagnosed with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. Hawking cannot walk, talk, breathe easy, swallow and has difficulty in holding up his head.

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- The Learning Team
<http://www.education.alberta.ca/media/448915/Chapter4.pdf>
- Alberta Learning Information Service (ALIS)
<http://alis.alberta.ca/>

Special Education Resources

<http://www.education.alberta.ca/admin/special/resources.aspx>

Alberta Human Services, Children and Youth

www.child.alberta.ca/home/

- Bullying Prevention
www.child.alberta.ca/home/586.cfm OR www.bullyfreealberta.ca

Family Support for Children with Disabilities (FSCD) Program

www.child.alberta.ca/home/591.cfm

- Family and Community Support
www.child.alberta.ca/home/592.cfm

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www.child.alberta.ca/home/586.cfm OR www.bullyfreealberta.ca

Alberta Seniors and Community Supports

www.seniors.alberta.ca/

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www.seniors.alberta.ca/PremiersCouncil/
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